



TOWN OF SILVER CITY
 P.O. Box 1188
 Silver City, New Mexico 88062
 (505) 388-4981

MICROBIOLOGICAL WATER REPORT

Lab No. 9427	Sample No. <i>SC0501209</i>
Date Received <i>12-6-05</i>	Time Received <i>1205</i>

SAMPLE IDENTIFICATION

Water Supply System Name <i>PAMDWCA</i>	SLD User Code No.
County <i>Grant</i>	WSS Code No. NM 35 <i>1</i> <i>06</i> <i>-</i> <i>09</i>

LABORATORY TEST RESULTS

DRINKING WATER: Date Started <i>12-6-05</i>	Time Started <i>1:00</i>
Total Coliforms per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	Date Read <i>12-2-05</i>
E Coli per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	

COLLECTION INFORMATION

Date Collected Mo Day Year <i>12</i> <i>06</i> <i>05</i>	Time Collected " " <i>11</i> <i>37</i>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By (Please Print) <i>Linda Davila</i>
Collection Location (Please Print) <i>4759 Hwy 15, Quadrant 3</i>			

TYPE OF SYSTEM

Check One
 Community Non-Community Private Well
 Non-Transient Non-Community Transient Non-Community
 Other - Specify _____

ICE Yes No
 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
 Downstream (ED Use Only)
 Upstream
 Original Location
 Random Location

ORIGINAL LAB SAMPLE NO. _____

Send Report to the following (Names, Address and Phone Number)

PAMDWCA
P.O. Box 53027
Pinos Altos N.M. 88063

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 teting.
- Quantity too great to permit agitation.
- Other _____

Method Used: Membrane Filtration

Analyst *J. Smith*

Date reported *12-2-05*



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

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
	SC0501142
Date Received	Time Received
11-8-05	11:45

SAMPLE IDENTIFICATION

Water Supply System Name	SLD User Code No.
PAMDWCA	
County	WSS Code No.
Grant	106-09

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

COLLECTION INFORMATION

Date Collected	Time Collected	<input checked="" type="checkbox"/> AM	Collected By
Mo Day Year	11 : 19	<input type="checkbox"/> PM	Linda Davila
Collection Location			
11080518 Ranger Quadrant 3			

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

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 11-9-05



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

MICROBIOLOGICAL WATER REPORT

Lab No. SC0501076	INVOICE #
Date Received 10-18-05	Time Received 10:45

SAMPLE IDENTIFICATION

Water Supply System Name PAMDWCA	SLD User Code No.
County Grant	WSS Code No. 106-09

LABORATORY TEST RESULTS

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

COLLECTION INFORMATION

Date Collected Mo Day Year 10 18 05	Time Collected <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 11 : 14	Collected By Linda Davila
Collection Location 101805 54 Main Quadrant 2		

TYPE OF SYSTEM

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

Other _____
Other Source Water:
Fecal Coliforms: _____ per 100 ml MF
INVALID SAMPLE

TESTING REQUIRED

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

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

REASON FOR SAMPLING

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

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 _____

Send Report to the following (Names and Address)

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

Analyst **S. Smith**
Date reported **10-19-05**

MICROBIOLOGICAL WATER REPORT

NMED LAB #9407

(Fill in shaded areas only)



New Mexico State University
 Soil, Water, and Air Testing Laboratory
 PGEL Bldg. West
 Box 30003, Dept. 300
 Las Cruces, NM 88003-8003
 http://swatlab.nmsu.edu
 Phone: (505)646-4422 Fax: (505)646-5185

<input type="checkbox"/> Routine <input checked="" type="checkbox"/> Repeat <input type="checkbox"/> Special <input type="checkbox"/> Monitoring (NMED use only)	<input type="checkbox"/> Potability-MF <input checked="" type="checkbox"/> Potability-Colliert
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Water System Name: Pinos Altos MDWCA

County: GRAVITY

Sampler: LINDA DAVILA

Type Of System: Community Non-Community Private Well

Mailing Address: Pinos Altos MDWCA
P.O. Box 53027

City: Pinos Altos **State:** NM **Zip:** 88053

Phone Number: 534-9367

Fax Number: _____

Person Transporting: RAY MENDOZA

Lab ID No.	Date Sampled:	Time Sampled:	Sample Location (Address, Sample Tap, Sink, etc.)	Sampler:	* WSS Number:	Disin-fected?	Residual mg/L	TC Results	E. Coli Results	Fecal Coliform
AB76619	10/11/05	11:35	30 MAIN (ORIGINAL)	LINDA DAVILA	106-09	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	0.3	<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA
760020	10/11/05	11:40	29 MAIN (FIRST STREET)	L.D.	106-09	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	0.3	<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA
760021	10/11/05	11:45	37 MAIN (FIRST STREET)	L.D.	106-09	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	0.3	<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA
						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA
						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA
						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA
						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA
						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA
						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA
						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA
						<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA	<input type="checkbox"/> P <input type="checkbox"/> DA

Time Received: 1430 **Date Received:** 10-11-05

Analyst (Signature): Sharon Smith

Received By: MS

Condition: GOOD

Sample(s) tested for Total Coliforms and E. coli using the Colliert Method. Sample(s) tested for Total and Fecal Coliform using the Membrane Filtration Method.

Date & Time Started: 10.11.05 1535

Date & Time Reported: 10.12.05 1535

Notified System: _____ **Date:** _____ **Time:** _____

Notified District: _____ **Date:** _____ **Time:** _____

Initials: _____

* **Reasons to Reject** Circle One

1 = Sample too old (Not received within 24 hours)
 2 = Date discrepancy
 3 = Temperature violation (Above 10° C) 4 = Leaking sample
 5 = Quantity too great to permit agitation
 6 = Quantity insufficient for testing
 7 = Form Incomplete (See Circled Items)
 8 = Other _____

Comments: Original repeat sample AB76526

New Mexico State University

Soil, Water, and Air Testing Laboratory
 PGEL Bldg West
 Box 30003, Dept. 3Q
 Las Cruces, NM 88003-8003
 http://swatlab.nmsu.edu
 Phone: (505)646-4422 Fax: (505)646-5185



MICROBIOLOGICAL WATER REPORT

NMED LAB #9407

(Fill in shaded areas only)



Reason For Sampling

- Routine
- Repeat
- Special
- Monitoring (NMED use only)

Testing Requested

- Potability-MF
- Potability-Coli

Water System Name: PHINDUCIA

County: Grant

Sampler: Linda Davila

Type Of System: Community Non-Community Private Well

Mailing Address: PHINDUCIA

P.O. Box 53027

City: Pinos Altos

State: NM

Zip: 84053

Phone Number:

534-9367

Person Transporting: Roy Melendrez

Codes For Analyses: P = Present A = Absent

Type of Test Performed DMF Coli

Lab ID No.	Date Sampled:	Time Sampled:	Sample Location (Address, Sample Tap, Sink, etc.)	Sampler:	* WSS Number:	Disinfectant?	Residual mg/L	TC Results	E. Coli Results	Fecal Coliform	
<u>705329</u>	<u>10/5/05</u>	<u>8:29</u>	<u># Golden Ave</u>	<u>Linda Davila</u>	<u>106-09</u>	<u>Y</u> <input type="checkbox"/> <u>N</u>	<u>0.3</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	
<u>705330</u>	<u>10/5/05</u>	<u>8:33</u>	<u>30 Main</u>	<u>LD</u>	<u>106-09</u>	<u>Y</u> <input type="checkbox"/> <u>N</u>	<u>0.3</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	
<u>705331</u>	<u>10/5/05</u>	<u>1:00pm</u>	<u>2 Ranger 18 Ranger</u>	<u>LD</u>	<u>106-09</u>	<u>Y</u> <input type="checkbox"/> <u>N</u>	<u>0.3</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	
<u>705332</u>	<u>10/5/05</u>	<u>2:15</u>	<u>17 Road</u>	<u>LD</u>	<u>11</u>	<u>Y</u> <input type="checkbox"/> <u>N</u>	<u>0.3</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	
<u>705333</u>	<u>10/5/05</u>	<u>1:39</u>	<u>54 Main</u>	<u>LD</u>	<u>11</u>	<u>Y</u> <input type="checkbox"/> <u>N</u>	<u>0.3</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	<u>PP</u> <input checked="" type="checkbox"/> <u>PA</u>	
<u>Time Received:</u>	<u>10:55</u>	<u>Date Received:</u>	<u>10-5-05</u>	<u>Received By:</u>	<u>MAJ</u>	Sample(s) tested for Total Coliforms and E. coli using the Coli-ert Method. Sample(s) tested for Total and Fecal Coliform using the Membrane Filtration Method.					
<u>Analyst (Signature):</u>	<u>Sharon Smith</u>										
<u>Date & Time Started:</u>	<u>10-5-05</u>	<u>1725</u>	<u>Notified System:</u>	<u>10605</u>	<u>Time:</u>	<u>1657</u>	<u>Initials:</u>	<u>SR</u>			
<u>Date & Time Reported:</u>	<u>10-6-05</u>	<u>1650</u>	<u>Notified District:</u>	<u>10605</u>	<u>Date:</u>	<u>10/6/05</u>	<u>Time:</u>	<u>1655</u>	<u>Initials:</u>	<u>SR</u>	

Comments:

1 2 3 4

- * Reasons to Reject Circle One
- 1 = Sample too old (Not received within 24 hours)
- 2 = Date discrepancy
- 3 = Temperature violation (Above 10° C) 4 = Leaking sample
- 5 = Quantity too great to permit agitation
- 6 = Quantity insufficient for testing
- 7 = Form Incomplete (See Circled Items)
- 8 = Other

New Mexico State University

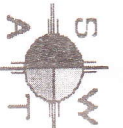
MICROBIOLOGICAL WATER REPORT

NMED LAB #9407

Soil, Water, and Air Testing Laboratory
 PGEL Bldg. West
 Box 30003, Dept. 3Q
 Las Cruces, NM 88003-8003
 http://swatlab.nmsu.edu
 Phone : (505)646-4422 Fax: (505)646-5185



(Fill in shaded areas.
 White areas for Lab
 use Only.)



Reason For Sampling

Routine
 Repeat (fill in box below)
 Special
 Monitoring (NMED use only)

Testing Requested

Potability-MF
 Potability-Coliform

Water System Name: AMNDUCH

Name: AMNDUCH
 Mailing Address: P.O. 53099

Phone Number: 534-9367
 Fax Number: _____

County: Grant

City: Pileas Altos

State: NM

Zip: 88053

Person Transporting: Ray Melendy

Sampler: Linda Daula

Type Of System: Community Non-Community Private Well

Codes For Analyses: P = Present A = Absent

Type of Test Performed DMF Coliform

Lab ID No.	Date Sampled:	Time Sampled:	Sample Location (Address, Sample Tap, Sink, etc.)	Repeat Samples Only	WSS Number:	Disinfected?	Residual mg/L	TC Results	E. coli Results	Fecal Coliform
<u>70517</u>	<u>10/05/05</u>	<u>1:49</u>	<u>14 Pacer</u>	<input checked="" type="checkbox"/> R Dns (Down)	<u>106-09</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>0.3</u>	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA
<u>70518</u>	<u>10/05/05</u>	<u>1:55</u>	<u>13 Pacer</u>	<input checked="" type="checkbox"/> R Or (Original)	<u>106-09</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>0.3</u>	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA
<u>70519</u>	<u>10/05/05</u>	<u>2:09</u>	<u>8 Pacer (4791 Hwy 15)</u>	<input checked="" type="checkbox"/> R Ot (Other)	<u>106-09</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>0.3</u>	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA
<u>70520</u>	<u>10/05/05</u>	<u>2:01</u>	<u>16 Pacer</u>	<input checked="" type="checkbox"/> R Ups (Up)	<u>106-09</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>0.3</u>	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA
<u>70521</u>	<u>10/05/05</u>	<u>12:45</u>	<u>4775 Hwy 15</u>	<input checked="" type="checkbox"/> R Dns (Down)	<u>106-09</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>0.3</u>	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA
<u>70522</u>	<u>10/05/05</u>	<u>3:45</u>	<u>4774 Hwy 15</u>	<input checked="" type="checkbox"/> R Dns (Down)	<u>106-09</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>0.3</u>	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA
<u>70523</u>	<u>10/05/05</u>	<u>2:55</u>	<u>12 Ranger</u>	<input checked="" type="checkbox"/> R Ot (Other)	<u>106-09</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>0.3</u>	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA
<u>70524</u>	<u>10/05/05</u>	<u>12:10</u>	<u>4759 Hwy 15</u>	<input checked="" type="checkbox"/> R Ups (Up)	<u>106-09</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>0.3</u>	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA	<input checked="" type="checkbox"/> P <input checked="" type="checkbox"/> DA

Time Received: 10:57 Date Received: 10-5-05 Received By: MST
 Analyst (Signature): Sharon Smith Condition: good

Sample(s) tested for Total Coliforms and E. coli using the Coli-ert Method. Sample(s) tested for Total and Fecal Coliform using the Membrane Filtration Method.

Date & Time Started: 10-5-05 1725
 Date & Time Reported: 10-6-05 1650

Notified System: Date: 10-6-05 Time: 1657 Initials: SS
 Notified District: Date: 10-6-05 Time: 1655 Initials: SS
 (Circle One) 1 2 3 4

Comments: _____

* Reasons to Reject Circle One (Enter in above box)
 1 = Sample too old (Not received within 24 hours)
 2 = Date discrepancy
 3 = Temperature violation (Above 10°C)
 4 = Leaking sample
 5 = Quantity too great to permit agitation
 6 = Quantity insufficient for testing
 7 = Form Incomplete (See Circled Items)
 8 = Other _____

New Mexico State University

MICROBIOLOGICAL WATER REPORT

NMED LAB #9407



(Fill in shaded areas.
White areas for Lab
use Only.)



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Water System Name: PAMDWCA

Name: PAMDWCA
 Mailing Address:

City: P.O. Box 53027 State: N.M. Zip: 88053

Pinos Altos

Phone Number: 534-9367
 Fax Number:

Person Transporting: Ray Melendez

Reason For Sampling

Routine
 Repeat (fill in \diamond box below)
 Special
 Monitoring (NMED use only)

Testing Requested

Potability-MF
 Potability-Colliert

County: Grant
 Sampler: Linda Davis

Type Of System: Community Non-Community Private Well

Codes For Analyses: P = Present A = Absent

Type of Test Performed MF Colliert

Lab ID No.	Date Sampled:	Time Sampled:	Sample Location (Address, Sample Tap, Sink, etc.)	\diamond Repeat Samples Only	* WSS Number:	Disinfected?	Residual mg/L	TC Results	E. Coli Results	Fecal Coliform
<u>AB710526</u>	<u>10/05/05</u>	<u>1:14pm</u>	<u>29 main</u>	<input checked="" type="checkbox"/> R Dns (Down)	<u>106-09</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>0.3</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>705226</u>	<u>10/05/05</u>	<u>1:08pm</u>	<u>30 main</u>	<input checked="" type="checkbox"/> R Or (Original)	<u>106-09</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>0.3</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>705227</u>	<u>10/05/05</u>	<u>1:30p</u>	<u>33 main</u>	<input checked="" type="checkbox"/> R Ot (Other)	<u>106-09</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>0.3</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>705228</u>	<u>10/05/05</u>	<u>1:33p</u>	<u>37 main</u>	<input checked="" type="checkbox"/> R Ups (Up)	<u>106-09</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>0.3</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Time Received: 1055 Date Received: 10-5-05
 Analyst (Signature): Simon Smith Received By: WAS
 Condition: good

Date & Time Started: 10-5-05 1725
 Notified System: Date: 10-6-05 Time: 1657 Initials: SS

Date & Time Reported: 10-6-05 1650
 Notified District: Date: 10-6-05 Time: 1655 Initials: SS

Comments: VA

- * **Reasons to Reject** Circle One (Enter in above * box)
- 1 = Sample too old (Not received within 24 hours)
 - 2 = Date discrepancy
 - 3 = Temperature violation (Above 10°C)
 - 4 = Leaking sample
 - 5 = Quantity too great to permit agitation
 - 6 = Quantity insufficient for testing
 - 7 = Form Incomplete (See Circled Items)
 - 8 = Other



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

MICROBIOLOGICAL WATER REPORT

Lab No.

80500993

INVOICE #

Date Received

9-27-05

Time Received

12:00

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

09 27 05

Time Collected AM PM

11 : 12

Collected By

Linda Davila

Collection Location

092705 1991 29 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 N.M. 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

9-28-05



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

MICROBIOLOGICAL WATER REPORT

Lab No. 5C0500991	INVOICE #
Date Received 9-27-05	Time Received 12:00

SAMPLE IDENTIFICATION

Water Supply System Name PAMDWCA	SLD User Code No.
County Grant	WSS Code No. 106-09

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
 Present Absent

Fecal Coliforms per 100 ml:
 Present Absent

Other _____

COLLECTION INFORMATION

Date Collected Mo Day Year	Time Collected 11 : 06	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By Linda Davila
Collection Location 09270530 Main Av 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 53026
 Pinos Altos N.M. 88063

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: 9-28-05



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

MICROBIOLOGICAL WATER REPORT

Lab No. 5C0500992	INVOICE #
Date Received 9-27-05	Time Received 12:00

SAMPLE IDENTIFICATION

Water Supply System Name PAMDWCA	SLD User Code No.
County Grant	WSS Code No. 106-09

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
 Present Absent

Fecal Coliforms per 100 ml:
 Present Absent

Other _____

COLLECTION INFORMATION

Date Collected Mo Day Year 09 27 05	Time Collected : : 11 : 25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By Linda Davila
Collection Location 4774 Hwy 15 Quadrant 4		

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF

INVALID SAMPLE

TYPE OF SYSTEM

Check One:

Community Non-Community Private Well

Other - Specify _____

(999)

Disinfected? Yes No Residual: _____ mg/L

If one of the following is checked, resample.

TNTC Non-Coliforms
 Confluent Growth
 Turbid Culture

TESTING REQUIRED

Check One:

Total Coliforms - MF Fecal - MF

Other _____

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 _____

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

Analyst S. Santa
 Date reported 9-28-05



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

MICROBIOLOGICAL WATER REPORT

Lab No. 320500994	INVOICE #
Date Received 9-27-05	Time Received 12:00

SAMPLE IDENTIFICATION

Water Supply System Name PAMPWCA	SLD User Code No. [] [] [] [] [] []
County Grant	WSS Code No. 106-09

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
 Present Absent

Fecal Coliforms per 100 ml:
 Present Absent

Other _____

COLLECTION INFORMATION

Date Collected Mo Day Year 09 27 05	Time Collected 11 : 21	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By Linda Davila
Collection Location 13 Pinos Altos Av quadrant 3			

TYPE OF SYSTEM

Check One:

Community Non-Community Private Well

Other - Specify _____

(999)

Disinfected? Yes No Residual: _____ mg/L

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF

INVALID SAMPLE

TESTING REQUIRED

Check One:

Total Coliforms - MF Fecal - MF

Other _____

If one of the following is checked, resample.

TNTC Non-Coliforms
 Confluent Growth
 Turbid Culture

REJECTED SAMPLE

REASON FOR SAMPLING

Check One:

Routine Sample Special Sample

Repeat Sample Monitoring Sample (ED use only)

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 _____

Send Report to the following (Names and Address)

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

Analyst **S. Smith**

Date reported **9-28-05**



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

MICROBIOLOGICAL WATER REPORT

Lab No.

SC0500926

INVOICE #

Date Received

9-6-05

Time Received

1143

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

09 06 05

Time Collected

11 : 16

AM

PM

Collected By

Linda Davila

Collection Location

09 Golden Ave. Quadrant 1

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

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

9-2-05



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

MICROBIOLOGICAL WATER REPORT

Lab No. <i>SC0500870</i>	INVOICE #
Date Received <i>8-16-05</i>	Time Received <i>11:50</i>

SAMPLE IDENTIFICATION

Water Supply System Name <i>PAMDWCA</i>	SLD User Code No.
County <i>Grant</i>	WSS Code No. <i>106-09</i>

LABORATORY TEST RESULTS

Drinking Water:
 Total Coliforms per 100 ml:
 Present Absent
 E. Coli per 100 ml:
 Present Absent
 Other: *original # SC0500890*

COLLECTION INFORMATION

Date Collected Mo Day Year <i>08 16 05</i>	Time Collected : : <i>11 20</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By <i>Linda Davila</i>
Collection Location <i>4759 Hwy 15 Quadrant 2</i>		

TYPE OF SYSTEM

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

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 _____

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*

Analyst *S Smith*
 Date reported *8-17-05*



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

MICROBIOLOGICAL WATER REPORT

Lab No.

SC0500878

INVOICE #

Date Received

8-16-05

Time Received

11:45

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

Time Collected

 AM PM

Collected By

Linda Davila

Collection Location

081605 4837 Hwy 15 Quadran 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 SmithDate reported: 8-17-05



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

MICROBIOLOGICAL WATER REPORT

Lab No.

SC0500874

INVOICE #

Date Received

8-16-05

Time Received

11:45

SAMPLE IDENTIFICATION

Water Supply System Name PAMDWCA	SLD User Code No. [] [] [] [] [] [] [] [] [] []
County Grant	WSS Code No. 106-09

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
 Present Absent

E. Coli per 100 ml:
 Present Absent

Other _____

COLLECTION INFORMATION

Date Collected Mo Day Year 08 16 05	Time Collected : AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Collected By Linda Davila
Collection Location 17 Rock St Quadrant 4		

TYPE OF SYSTEM

Check One:

Community Non-Community Private Well

Other - Specify _____

(999)

Disinfected? Yes No Residual: _____ mg/L

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF

INVALID SAMPLE

TESTING REQUIRED

Check One:

Total Coliforms - MF Fecal - MF

Other _____

If one of the following is checked, resample.

TNTC Non-Coliforms
 Confluent Growth
 Turbid Culture

REJECTED SAMPLE

REASON FOR SAMPLING

Check One:

Routine Sample Special Sample

Repeat Sample Monitoring Sample (ED use only)

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 _____

Send Report to the following (Names and Address)

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

Analyst S. Smith

Date reported 8-17-05



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

MICROBIOLOGICAL WATER REPORT

Lab No.

SC0500875

INVOICE #

Date Received

8-16-05

Time Received

11:45

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

08 16 05

Time Collected

11 : 02

AM

PM

Collected By

Linda Davila

Collection Location

081605 4817 Hwy 15 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

Original Site

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

S. Smith

8-17-05



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

MICROBIOLOGICAL WATER REPORT

Lab No. <u>500500890</u>	INVOICE #
Date Received <u>8-2-05</u>	Time Received <u>1203</u>

SAMPLE IDENTIFICATION

Water Supply System Name <u>PAMDWCA</u>	SLD User Code No. [] [] [] [] [] []
County <u>Grant</u>	WSS Code No. <u>106-09</u>

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
 Present Absent

Fecal Coliforms per 100 ml:
 Present Absent

Other _____

COLLECTION INFORMATION

Date Collected Mo Day Year <u>08 02 05</u>	Time Collected : <u>35</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By <u>Linda Davila</u>
Collection Location <u>4817 Hwy 15 Quadrant 4</u>		

TYPE OF SYSTEM

Check One:

Community Non-Community Private Well

Other - Specify _____
(999)

Disinfected? Yes No Residual: _____ mg/L

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF

INVALID SAMPLE

TESTING REQUIRED

Check One:

Total Coliforms - MF Fecal - MF

Other _____

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 _____

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

Analyst S. Smith
 Date reported 8-3-05



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

MICROBIOLOGICAL WATER REPORT

Lab No. 50500817	INVOICE #
Date Received 7-5-05	Time Received 1153

SAMPLE IDENTIFICATION

Water Supply System Name PAMDWCA	SLD User Code No.
County Grant	WSS Code No. 106-09

COLLECTION INFORMATION

Date Collected	Time Collected	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	Collected By
Mo: 07, Day: 05, Year: 05	11:38			Linda Davila
Collection Location 07 Ranger Street Quadrant 3				

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

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: 7-6-05



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

MICROBIOLOGICAL WATER REPORT

Lab No. 50500754	INVOICE #
Date Received 6-7-05	Time Received 1205

SAMPLE IDENTIFICATION

Water Supply System Name PAMDWCA	SLD User Code No.
County Grant	WSS Code No. 106-09

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
Present Absent

Fecal Coliforms per 100 ml:
Present Absent

Other: _____

COLLECTION INFORMATION

Date Collected Mo Day Year 06 07 05	Time Collected 11 : 35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By Linda Davila
Collection Location 88 Main Quadrant 2		

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF

INVALID SAMPLE

TYPE OF SYSTEM

Check One:

Community Non-Community Private Well

Other - Specify _____

(999)

Disinfected? Yes No Residual: _____ mg/L

If one of the following is checked, resample.

TNTC Non-Coliforms
 Confluent Growth
 Turbid Culture

REJECTED SAMPLE

TESTING REQUIRED

Check One:

Total Coliforms - MF Fecal - MF

Other _____

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 _____

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

Analyst S. Smith
Date reported 6-8-05



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

MICROBIOLOGICAL WATER REPORT

Lab No. <i>SC0500700</i>	INVOICE #
Date Received <i>5-10-05</i>	Time Received <i>12:15</i>

SAMPLE IDENTIFICATION

Water Supply System Name <i>PAMDWCA</i>	SLD User Code No. <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						
County <i>Grant</i>	WSS Code No. <i>106-09</i>						

COLLECTION INFORMATION

Date Collected	Time Collected	<input checked="" type="checkbox"/> AM	Collected By
Mo Day Year	: :	<input type="checkbox"/> PM	<i>Linda Davila</i>
Collection Location <i>051005 18 Golden Ave. Quadrant 1</i>			

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

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 *J. Smith*

Date reported *5-11-05*



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

MICROBIOLOGICAL WATER REPORT

Lab No. 500500611 INVOICE #

Date Received 4-5-05 Time Received 12:15

SAMPLE IDENTIFICATION

Water Supply System Name <u>PAMDWCA</u>	SLD User Code No. [] [] [] [] [] []
County <u>Grant</u>	WSS Code No. <u>106-09</u>

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
Present Absent

Fecal Coliforms per 100 ml:
Present Absent

Other _____

COLLECTION INFORMATION

Date Collected Mo Day Year	Time Collected <u>11 : 40</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By <u>Linda Davila</u>
Collection Location <u>04050504 Rock Quadrant 4</u>		

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF

INVALID SAMPLE

TYPE OF SYSTEM

Check One:

Community Non-Community Private Well

Other - Specify _____ (999)

Disinfected? Yes No Residual: _____ mg/L

If one of the following is checked, resample.

TNTC Non-Coliforms
 Confluent Growth
 Turbid Culture

REJECTED SAMPLE

TESTING REQUIRED

Check One:

Total Coliforms - MF Fecal - MF

Other _____

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 _____

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

Analyst S. Smith
Date reported 4-6-05



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

MICROBIOLOGICAL WATER REPORT

Lab No.

SC0500539

INVOICE #

Date Received

3-1-05

Time Received

12:05

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

030105

Time Collected

11:35

AM

PM

Collected By

Linda Davila

Collection Location

4759 Hwy 15 Quadrant 3

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

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 _____

Date reported _____

3-2-05



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

MICROBIOLOGICAL WATER REPORT

Lab No.

50500460

INVOICE #

Date Received

2-1-05

Time Received

1205

SAMPLE IDENTIFICATION

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

COLLECTION INFORMATION

Date Collected Mo Day Year	Time Collected : : AM PM	Collected By
	11 : 25 AM	Linda Davila
Collection Location 09080529 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 N.M. 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 2-2-05



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

MICROBIOLOGICAL WATER REPORT

Lab No. 30500396	INVOICE #
Date Received 1-4-05	Time Received 12:50

SAMPLE IDENTIFICATION

Water Supply System Name PAMDWCA	SLD User Code No.
County Grant	WSS Code No. 106-09

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
Present Absent

Fecal Coliforms per 100 ml:
Present Absent

Other _____

COLLECTION INFORMATION

Date Collected Mo Day Year 11 26 04	Time Collected <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By Linda Davila
Collection Location 01040506 Golden Ave. Quadrant 1		

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF

INVALID SAMPLE

TYPE OF SYSTEM

Check One:

Community Non-Community Private Well

Other - Specify _____

(999)

Disinfected? Yes No Residual: _____ mg/L

If one of the following is checked, resample.

TNTC Non-Coliforms
 Confluent Growth
 Turbid Culture

REJECTED SAMPLE

TESTING REQUIRED

Check One:

Total Coliforms - MF Fecal - MF

Other _____

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 _____

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

Analyst S. Smith

Date reported 1-5-05

Date: 09/29/05

ANALYTICAL REPORT

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

Below are the results for submitted sample(s). (MDL=Method detection limit)

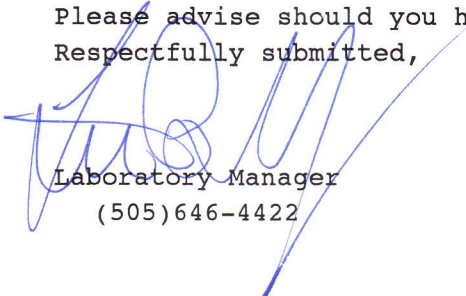
Sample I.D. AB75233
Sample Description: Dist/FacID#10609000 ID#0001
Sample collection date: 08/23/05 Sample collection time: 10:10
Submittal date: 08/24/05 Submittal time: 09:33
WSS# 10609 Request ID No. U083479 Collector: A. ROMERO
Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of Analysis	Analyst
Haloacetic acids by EPA 552.1 —	552.1		ug/L		09/15/05	JHD
Bromochloroacetic acid	552.1	Not detected	ug/L	1.1	09/15/05	JHD
Dibromoacetic acid	552.1	Not detected	ug/L	0.8	09/15/05	JHD
Dichloroacetic acid	552.1	Not detected	ug/L	1.5	09/15/05	JHD
Monobromoacetic acid	552.1	Not detected	ug/L	1.2	09/15/05	JHD
Monochloroacetic acid	552.1	Not detected	ug/L	1.3	09/15/05	JHD
Trichloroacetic acid	552.1	Not detected	ug/L	0.9	09/15/05	JHD

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

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

Page 1 of 1
Report # 0509011600

Date: 09/01/05

ANALYTICAL REPORT

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

Below are the results for submitted sample(s).

(MDL=Method detection limit)

Sample I.D. AB75237

Sample Description: Dist/FacID#10609000 ID#0001

Sample collection date: 08/23/05 Sample collection time: 10:10

Submittal date: 08/24/05 Submittal time: 09:44

WSS# 10609 Request ID No. U083478 Collector: A. ROMERO

Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of Analysis	Analyst
Total Trihalomethanes	524.2		ug/L		08/23/05	LJG
bromodichloromethane	524.2	1.337	ug/L	0.5	08/23/05	LJG
bromoform	524.2	7.806	ug/L	0.5	08/23/05	LJG
dibromochloromethane	524.2	4.532	ug/L	0.5	08/23/05	LJG
chloroform	524.2	Not detected	ug/L	0.5	08/23/05	LJG
Total trihalomethanes	524.2	13.675	ug/L	0.5	08/23/05	LJG

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

Date: 10/07/05

ANALYTICAL REPORT

To: Pinos Altos MDWC Assoc. 534-9367
 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. AB75191

Sample Description: 59 Main Street
 Sample collection date: 08/18/05 Sample collection time: 07:30
 Submittal date: 08/23/05 Submittal time: 14:45
 WSS# 10609 Request ID No. Collector: B. SHERMAN
 Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of	
					Analysis	Analyst
Lead	200.8	0.46	ug/L	0.02	10/04/05	MBL
Copper	200.8	29.2	ug/L	0.1	10/04/05	MBL

Sample I.D. AB75192

Sample Description: 4792 Hwy 15 Kitchen
 Sample collection date: 08/18/05 Sample collection time: 05:38
 Submittal date: 08/23/05 Submittal time: 14:45
 WSS# 10609 Request ID No. Collector: R. FAHRKENDE
 Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of	
					Analysis	Analyst
Lead	200.8	0.40	ug/L	0.02	10/04/05	MBL
Copper	200.8	9.4	ug/L	0.1	10/04/05	MBL

Sample I.D. AB75193

Sample Description: 50 Bear Creek Rd. Kitchen
 Sample collection date: 08/18/05 Sample collection time: 06:00
 Submittal date: 08/23/05 Submittal time: 14:45
 WSS# 10609 Request ID No. Collector: A. VANDENBER
 Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of	
					Analysis	Analyst
Lead	200.8	0.63	ug/L	0.02	10/04/05	MBL
Copper	200.8	149.9	ug/L	0.1	10/04/05	MBL

Sample I.D. AB75194

Sample Description: 54 Main Street Kitchen
 Sample collection date: 08/18/05 Sample collection time: 05:41
 Submittal date: 08/23/05 Submittal time: 14:45
 WSS# 10609 Request ID No. Collector: C. SPEIR P.
 Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of	
					Analysis	Analyst
Lead	200.8	1.59	ug/L	0.02	10/04/05	MBL
Copper	200.8	41.7	ug/L	0.1	10/04/05	MBL

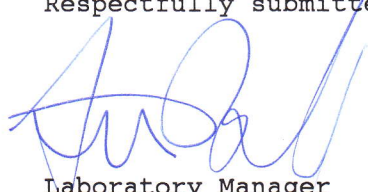
Sample I.D. AB75195

Sample Description: 17 Rock Street Kitchen
 Sample collection date: 08/17/05 Sample collection time: 07:00
 Submittal date: 08/23/05 Submittal time: 14:45
 WSS# 10609 Request ID No. Collector: F. BLAKE
 Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of	
					Analysis	Analyst
Lead	200.8	0.67	ug/L	0.02	10/04/05	MBL
Copper	200.8	265.8	ug/L	0.1	10/04/05	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, 2005

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, 2004. 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:

- *Action Level* - the concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.
- *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.
- *Non-Detects (ND)* - laboratory analysis indicates that the contaminant is not present.
- *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.
- *Picocuries per liter (pCi/L)* - picocuries per liter is a measure of the radioactivity in water.
- *Treatment Technique (TTT)* - A treatment technique is a required process intended to reduce the level of a contaminant in drinking water.
- *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 /12 Samples Yearly	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	1.9 (2004)	ND - 2.1	60	60	Byproduct of chlorination for disinfection of water formed when chlorine reacts to organics in water.
TTHM (Total Trihalomethanes) ppm	N	.004 (2004)	ND - .018	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	10*	Erosion of natural deposits; runoff from orchards; runoff from glass and electronics production wastes
* 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) 7/6/04 Result, 6 samples tested, 90 th Percentile Reported	N	0.1792 (2004)	0.0271 - 0.2424	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) 7/6/04 Result, 6 samples tested, 90 th Percentile Reported	N	1.15 (2004)	0.4 - 1.3	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	1.72 (2004)	ND - 1.72	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/l)	No	2.30 (2004)	2.10 2.30	-	0	50	Decay of natural and man-made deposits
5. Alpha emitters (pCi/l)	No	6.60 (2004)	5.60 6.60	-	0	15	Erosion of natural deposits
6. Combined radium (pCi/l)	No	0.25 (2004)	ND 0.25	-	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.