



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

# MICROBIOLOGICAL WATER REPORT

Lab No. <b>9427</b>	Sample No. <i>SC060236</i>
Date Received <i>12-5-06</i>	Time Received <i>10:00</i>

### CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: _____	Date _____	Time _____
Sample Received By: _____	Date _____	Time _____
Sample Relinquished By: _____	Date _____	Time _____
Sample Received By: _____	Date _____	Time _____

### SAMPLE IDENTIFICATION

Water Supply System Name <i>PAMOWCA</i>	SLD User Code No. 1 - 1 - 1
County <i>Santa Fe</i>	WSS Code No. <b>NM 35</b> 1 2 4 0 9

### LABORATORY TEST RESULTS

DRINKING WATER: Date Started <i>12-5-06</i>	Time Started <i>1:00</i>
Total Coliforms per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	Date Read <i>12-6-06</i>
E Coli per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	
Other _____	
Other Source Water: _____	
Fecal Coliforms _____ per 100 ml	MF <input type="checkbox"/>

### COLLECTION INFORMATION

Date Collected Mo Day Year <i>12 05 06</i>	Time Collected " <i>45</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Collected By (Please Print) <i>David R Chavez</i>
Collection Location (Please Print) <i>7759 Hwy 25 Guadalupe?</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 (ED Use Only)  
 Downstream  
 Upstream  
 Original Location  
 Random Location

ORIGINAL LAB SAMPLE NO. \_\_\_\_\_

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

*PAMOWCA*  
*R.D. BOX 53027*  
*PINOS ALTOS, N.M.*  
*88053*

### 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 *M. Duesen*

Date reported *12-06-06*



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# MICROBIOLOGICAL WATER REPORT

Lab No.	9427	Sample No.	500602156
Date Received	11-7-06	Time Received	7:00

### CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Sample Received By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Sample Relinquished By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Sample Received By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

### SAMPLE IDENTIFICATION

Water Supply System Name: PAMDWCA  
 County: Grant NM 35  
 SLD User Code No. \_\_\_\_\_  
 WSS Code No. 106-09

### LABORATORY TEST RESULTS

DRINKING WATER: Date Started 11-7-06 Time Started 7:00  
 Total Coliforms per 100 ml: Date Read 11-8-06  
 Present  Absent   
 E Coli per 100 ml: Present  Absent   
 Other \_\_\_\_\_  
 Other Source Water: \_\_\_\_\_  
 Fecal Coliforms \_\_\_\_\_ per 100 ml MF

### COLLECTION INFORMATION

Date Collected: Mo 11 Day 06 Year 06  
 Time Collected: 6:00 AM  PM   
 Collected By (Please Print): David R Chavez  
 Collection Location (Please Print): 54 Main

### 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 (ED Use Only)  
 Downstream  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. 88053

### 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 S. Smith

Date reported 11-8-06



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# MICROBIOLOGICAL WATER REPORT

Lab No. <b>9427</b>	Sample No. <i>SC0602075</i>
Date Received <i>10/3/06</i>	Time Received <i>12:00</i>

## CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: _____	Date _____	Time _____
Sample Received By: _____	Date _____	Time _____
Sample Relinquished By: _____	Date _____	Time _____
Sample Received By: _____	Date _____	Time _____

## SAMPLE IDENTIFICATION

Water Supply System Name <i>PAMDWCA</i>	SLD User Code No. _____
County <i>Grant</i>	WSS Code No. <b>NM 35</b> <i>106-09</i>

## LABORATORY TEST RESULTS

DRINKING WATER: <i>10-3-06</i>	Date Started	Time Started
Total Coliforms per 100 ml:	Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>
E Coli per 100 ml:	Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>
Other _____	Date Read <i>10-4-06</i>	
Other Source Water:	Fecal Coliforms _____ per 100 ml MF <input type="checkbox"/>	

## COLLECTION INFORMATION

Date Collected	Time Collected	Collected By (Please Print)
Mo Day Year	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<i>Linda Davila</i>
Collection Location (Please Print) <i>1003064759 Hwy 16 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 (ED Use Only)

Downstream

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. 88053*

## 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 *S. Smith*

Date reported *10-4-06*



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# MICROBIOLOGICAL WATER REPORT

Lab No. <b>9427</b>	Sample No. <b>SC0601957</b>
Date Received <b>9-5-06</b>	Time Received <b>11:35</b>

## CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Sample Received By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Sample Relinquished By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Sample Received By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

### SAMPLE IDENTIFICATION

Water Supply System Name: **PAMDWCA**  
 SLD User Code No. \_\_\_\_\_  
 County: **Grant** NM 35  
 WSS Code No. **106-09**

### LABORATORY TEST RESULTS

DRINKING WATER: Date Started **9-5-06** Time Started **1:00**  
 Total Coliforms per 100 ml: Date Read **9-6-06**  
 Present  Absent   
 E Coli per 100 ml: Present  Absent   
 Other \_\_\_\_\_  
 Other Source Water: \_\_\_\_\_  
 Fecal Coliforms \_\_\_\_\_ per 100 ml MF

### COLLECTION INFORMATION

Date Collected: Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Time Collected: **11:07** AM  PM   
 Collected By (Please Print): **Linda Davila**  
 Collection Location (Please Print): **09050618 Ranger Quadrant 3**

### TYPE OF SYSTEM

Check One  
 Community  Non-Community  Private Well  
 Non-Transient Non-Community  Transient Non-Community  
 Other - Specify \_\_\_\_\_  
 ICE 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)  
 Downstream  
 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. 88053**

### 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: **9-6-06**



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# MICROBIOLOGICAL WATER REPORT

Lab No.	9427	Sample No.	50601897
Date Received	8-8-06	Time Received	12:08

### CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: _____	Date _____	Time _____
Sample Received By: _____	Date _____	Time _____
Sample Relinquished By: _____	Date _____	Time _____
Sample Received By: _____	Date _____	Time _____

### SAMPLE IDENTIFICATION

Water Supply System Name PAMDWCA	SLD User Code No. - - - - -
County Grant	WSS Code No. NM 35 1 0 6 - 0 9

### LABORATORY TEST RESULTS

DRINKING WATER:	Date Started 8-8-06	Time Started 1:00
Total Coliforms per 100 ml:	Date Read 8-9-06	
Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>	
E Coli per 100 ml:		
Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>	
Other _____		
Other Source Water: _____		
Fecal Coliforms _____ per 100 ml MF <input type="checkbox"/>		

### COLLECTION INFORMATION

Date Collected	Time Collected	Collected By (Please Print)
Mo Day Year 0 8 0 8 0 6	" AM PM 11 36 AM	Linda Davila
Collection Location (Please Print) 4759 Hwy 16 Quadrant 3		

### 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 (ED Use Only)

Downstream  Upstream

Original Location  Random Location

ORIGINAL LAB SAMPLE NO. \_\_\_\_\_

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

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

### 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 8-9-06



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# MICROBIOLOGICAL WATER REPORT

Lab No.	9427	Sample No.	SC0601780
Date Received		Time Received	

## CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: _____	Date _____	Time _____
Sample Received By: _____	Date _____	Time _____
Sample Relinquished By: _____	Date _____	Time _____
Sample Received By: _____	Date _____	Time _____

## SAMPLE IDENTIFICATION

Water Supply System Name PAMDWCA	SLD User Code No. -
County NM 35	WSS Code No. 1 0 6 - 0 9

## LABORATORY TEST RESULTS

DRINKING WATER:	Date Started 7-11-06	Time Started 1:00
Total Coliforms per 100 ml:	Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>
E Coli per 100 ml:	Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>
Other _____		Date Read 7-12-06
Other Source Water:		
Fecal Coliforms _____	per 100 ml	MF <input type="checkbox"/>

## COLLECTION INFORMATION

Date Collected	Time Collected	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By (Please Print) Linda Davila
Mo Day Year 07 11 06	" "		Collection Location (Please Print) 17 Bush Street

## 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 (ED Use Only)

Downstream  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. 88053

## 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 S. Smith

Date reported 7-12-06





TOWN OF SILVER CITY  
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# MICROBIOLOGICAL WATER REPORT

Lab No. <b>9427</b>	Sample No. <i>SC0601616</i>
Date Received <i>5-2-06</i>	Time Received <i>1200</i>

### SAMPLE IDENTIFICATION

Water Supply System Name <i>PAMDWCA</i>	SLD User Code No. - - - - -
County <i>Grant</i>	WSS Code No. <i>NM 35 1 0 6 - 0 9</i>

### LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <i>5-2-06</i>	Time Started <i>1300</i>
Total Coliforms per 100 ml:	Date Read <i>5-3-06</i>	
Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>	
E Coli per 100 ml:		
Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>	
Other _____		
Other Source Water:		
Fecal Coliforms _____ per 100 ml MF <input type="checkbox"/>		

### COLLECTION INFORMATION

Date Collected	Time Collected	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By (Please Print)
<i>05 02 06</i>	<i>11 31</i>		<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 (ED Use Only)  
 Downstream  
 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. 88053*

### 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 *L. Martin*

Date reported *5-4-06*



TOWN OF SILVER CITY  
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# MICROBIOLOGICAL WATER REPORT

Lab No. **9427** Sample No. **50601514**  
 Date Received **4-4-06** Time Received **1205**

### SAMPLE IDENTIFICATION

Water Supply System Name **PAMDWCA** SLD User Code No. 

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 County **Grant** WSS Code No. **NM 35 106-09**

### LABORATORY TEST RESULTS

DRINKING WATER: Date Started **4-4-06** Time Started **1:00**  
 Total Coliforms per 100 ml: Present  Absent   
 E Coli per 100 ml: Present  Absent   
 Date Read **4-5-06**  
 Other \_\_\_\_\_  
 Other Source Water: \_\_\_\_\_  
 Fecal Coliforms \_\_\_\_\_ per 100 ml MF

### COLLECTION INFORMATION

Date Collected: Mo **03** Day **04** Year **06** Time Collected **11:35**  AM  PM  
 Collected By (Please Print) **Linda Davila**  
 Collection Location (Please Print) **29 Main**

### 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 (ED Use Only)  
 Downstream  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. 88053**

### 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 **S. Smith**

Date reported **4-5-06**



TOWN OF SILVER CITY  
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# MICROBIOLOGICAL WATER REPORT

Lab No. <b>9427</b>	Sample No. <b>50060145</b>
Date Received <b>3-7-06</b>	Time Received <b>1205</b>

### SAMPLE IDENTIFICATION

Water Supply System Name <b>PAMDWCA</b>	SLD User Code No. [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
County <b>Grant</b>	WSS Code No. <b>NM 35 106-09</b>

### LABORATORY TEST RESULTS

DRINKING WATER: Date Started <b>3-7-06</b>	Time Started <b>1100</b>
Total Coliforms per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	Date Read <b>3-8-06</b>
E Coli per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	

### COLLECTION INFORMATION

Date Collected Mo Day Year <b>03 07 06</b>	Time Collected " <b>35</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By (Please Print) <b>Linda Davila</b>
Collection Location (Please Print) <b>4759 Hwy 15 Quadrant #3</b>		

### 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

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 teting.
- 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  
      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. 88053**

Method Used: **Membrane Filtration**

Analyst **S. Smith**

Date reported **3-8-06**

 <b>TOWN OF SILVER CITY</b> P.O. Box 1188 Silver City, New Mexico 88082 (505) 388-4981	<b>MICROBIOLOGICAL WATER REPORT</b>		Lab No. <b>9427</b>	Sample No. <b>300601374</b>
			Date Received <b>2-7-06</b>	Time Received <b>1155</b>
WATER SUPPLY SYSTEM INFORMATION Water Supply System Name <b>PAMDWCA</b>		SLD User Code No. _____	LABORATORY INFORMATION Date Shipped <b>2-8-06</b>	
County <b>Grant</b>	NM 35	WSR Code No. <b>106-09</b>	Time Shipped <b>1:00</b>	
COLLECTION INFORMATION Date Collected Mo Day Year <b>02 07 06</b>		Time Collected <b>11:32</b>	Collected By (Please Print) <b>Linda Davila</b>	
Collection Location (Please Print) <b>54 Main Quadrant 2</b>		Other Source Water: Fecal Coliforms _____ per 100 ml MF <input type="checkbox"/>		
CHECK ONE <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Private Well <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Other - Specify _____		<b>INVALID SAMPLE</b> If one of the following is checked, resample. <input type="checkbox"/> TWTC Non-Coliforms <input type="checkbox"/> Confluent Growth <input type="checkbox"/> Turbid Culture		
Disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Residual: _____ mg/L		<b>REJECTED SAMPLE</b> If one of the following is checked, please resample. <input type="checkbox"/> Sample too old. Not received within _____ hours of collection. <input type="checkbox"/> Temperature violation (above 10° C) <input type="checkbox"/> Form incomplete. See circled item. <input type="checkbox"/> Date discrepancy. <input type="checkbox"/> Leaking sample. <input type="checkbox"/> Quantity insufficient for testing. <input type="checkbox"/> Quantity too great to permit agitation. <input type="checkbox"/> Other _____		
Check One <input checked="" type="checkbox"/> Total Coliforms - MF <input type="checkbox"/> Fecal - MF <input type="checkbox"/> Other _____		ORIGINAL LAB SAMPLE NO. _____		
Check One <input checked="" type="checkbox"/> Routine Sample <input type="checkbox"/> Special Sample <input type="checkbox"/> Repeat Sample <input type="checkbox"/> Monitoring Sample (ED Use Only) <input type="checkbox"/> Downstream <input type="checkbox"/> Upstream <input type="checkbox"/> Original Location <input type="checkbox"/> Random Location		Send Report to the following (Name, Address and Phone Number) <b>PAMDWCA</b> <b>P.O. Box 53027</b> <b>Pinos Altos N.M. 88063</b>		
		Method Used: Membrane Filtration Analyst: <i>[Signature]</i> Date reported: <b>2-8-06</b>		



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

# MICROBIOLOGICAL WATER REPORT

Lab No. SC0601270

INVOICE #

Date Received 1-3-06

Time Received 11:40

## SAMPLE IDENTIFICATION

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

## COLLECTION INFORMATION

Date Collected Mo Day Year			Time Collected <u>11</u> : <u>10</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By <u>Linda Davila</u>
Collection Location <u>01030617 Rock Street Quadrant 4</u>				

## 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 1-4-06

Date: 09/18/06

**ANALYTICAL REPORT**

To: Pinos Altos MDWCA 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. AB86964**

Sample Description: 59 Main Street (Bathroom)  
 Sample collection date: 07/23/06 Sample collection time: 07:55  
 Submittal date: 07/25/06 Submittal time: 14:04  
 WSS# 10609 Request ID No. Collector: BEN SHERMAN  
 Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of Analysis	Analyst
Copper	200.8	54.04	ug/L	0.27	09/12/06	MBL
Lead	200.8	3.23	ug/L	0.04	09/12/06	MBL

**Sample I.D. AB86965**

Sample Description: 4771 Hwy 15 (Kitchen)  
 Sample collection date: 07/21/06 Sample collection time: 06:38  
 Submittal date: 07/25/06 Submittal time: 14:04  
 WSS# 10609 Request ID No. Collector: M. HOTVEDT  
 Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of Analysis	Analyst
Copper	200.8	21.84	ug/L	0.27	09/12/06	MBL
Lead	200.8	1.56	ug/L	0.04	09/12/06	MBL

**Sample I.D. AB86966**

Sample Description: 54 Main Stree (Kitchen)  
 Sample collection date: 07/21/06 Sample collection time: 05:00  
 Submittal date: 07/25/06 Submittal time: 14:04  
 WSS# 10609 Request ID No. Collector: C. SPEIR  
 Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of Analysis	Analyst
Copper	200.8	54.51	ug/L	0.27	09/12/06	MBL
Lead	200.8	1.37	ug/L	0.04	09/12/06	MBL

**Sample I.D. AB86967**

Sample Description: 48 N Bear Creek Road (Kitchen)  
 Sample collection date: 07/21/06 Sample collection time: 05:23  
 Submittal date: 07/25/06 Submittal time: 14:04  
 WSS# 10609 Request ID No. Collector: E, KIRCHHOF  
 Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of	
					Analysis	Analyst
Copper	200.8	138.24	ug/L	0.27	09/12/06	MBL
Lead	200.8	1.81	ug/L	0.04	09/12/06	MBL

**Sample I.D. AB86968**

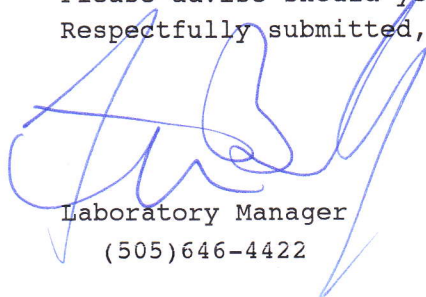
Sample Description: 10 Hillside Street (Kitchen)  
 Sample collection date: 07/22/06 Sample collection time: 09:25  
 Submittal date: 07/25/06 Submittal time: 14:04  
 WSS# 10609 Request ID No. Collector: C.H. VONDRAC  
 Sample Purpose: Compliance Sampling Information: Grab

Element	Method	Result	Units	MDL	Date of	
					Analysis	Analyst
Copper	200.8	199.43	ug/L	0.27	09/12/06	MBL
Lead	200.8	0.91	ug/L	0.04	09/12/06	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, 2006**

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 **Chery Speir-Phillips**, 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, 2005. 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
<b>Microbiological Contaminants</b>						
Total Coliform Bacteria /12 Samples Yearly	Yes	3 Out Of 5 Samples Tested Positive, 9/05	N/A	0	presence of coliform bacteria in 5% of monthly samples	Naturally present in the environment
<b>Disinfection ByProducts</b>						
Haloacetic Acids (HAA5) ppb	N	ND 8/23/05	ND	60	60	Byproduct of chlorination for disinfection of water formed when chlorine reacts to organics in water.
TTHM (Total Trihalomethanes) ppm	N	13.675 8/23/05	13.675	80	80	Byproduct of chlorination for disinfection of water formed when chlorine reacts to organics in water.
<b>Inorganic Contaminants</b>						
Arsenic (ppb)	N	1.35 (2005)	1.3-1.4	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	7.27 (2005)	5.96-8.59	2,000	2,000	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits
Chlorine	N	0.34 (2005)	0.01-0.94	4	4	Water additive used to control microbes.
Chromium (ppb)	N	5.6 (2005)	5.5-5.7	100	100	Discharge from steel and pulp mills; erosion of natural deposits
Copper (ppm) 8/18/05 Result, 5 samples tested, 90 <sup>th</sup> Percentile Reported	N	.2078 (2005)	.0094-.2658	1.3	AL=1.3	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives
Fluoride (ppm)	N	1.11 (2005)	1.08-1.15	4	4	Erosion of natural deposits, discharge from fertilizer and aluminum factories
Lead (ppb) 8/18/05 Result, 5 samples tested, 90 <sup>th</sup> Percentile Reported	N	1.13 (2005)	.40-1.59	0	AL=15	Corrosion of household plumbing systems, erosion of natural deposits
Nickel (ppb)	N	1.81 (2005)	1.79-1.84	100	100	Erosion of natural deposits, discharge from fertilizer and aluminum factories.
Nitrate (ppm)	N	1.32 (2005)	1.27-1.36	10	10	Runoff from fertilizer use; leaching from septic tanks, sewage; erosion of natural deposits
Selenium (ppb)	N	3.8 (2005)	3.7-4.0	50	50	Discharge from petroleum and metal refineries; erosion of natural deposits; discharge from mines
Thallium (ppb)	N	0.025 (2005)	ND-0.05	0.5	2	Leaching from ore-processing sites; discharge from electronics, glass, and drug factories

Radioactive Contaminants						
Alpha Emitters (pCi/l)	No	6.60 (2004)	5.60-6.60	0	15	Erosion of natural deposits
Beta/photo Emitters (pCi/l)	No	2.30 (2004)	2.10-2.30	0	50	Decay of natural and man-made deposits.
Combined Radium (pCi/l)	No	0.25 (2004)	ND – 0.25	0	5	Erosion of natural deposits

*What does this mean?*

**The table shows that our water system uncovered some problems this year. The duration of the violation was for the month of September 2005.**

**Total Coliform:** The Total Coliform Rule requires water systems to meet a stricter limit for coliform bacteria. Coliform bacteria are usually harmless, but their presence in water can be an indication of disease-causing bacteria. When coliform bacteria are found, special follow-up tests are done to determine if harmful bacteria are present in the water supply. If this limit is exceeded, the water supplier must notify the public by newspaper, television or radio. To comply with the stricter regulation, we have increased the average amount of chlorine in the distribution system.

Total Coliform. Coliforms are bacteria that are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.

Usually, coliform are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform of E.coli, are present. We have corrected this by chlorinating and flushing the system. We did not find any of these bacteria in our subsequent testing. If we had, we would have notified you immediately.

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](mailto: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.