



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>SC0700398</i>
Date Received <i>10-2-07</i>	Time Received <i>7:05</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>PMDWA</i>	SLD User Code No. _____-_____-_____-_____-_____-_____-
County <i>Sant</i>	WSS Code No. NM 35 <i>1111-09</i>

LABORATORY TEST RESULTS

DRINKING WATER: <i>10-2-07</i>	Date Started	Time Started <i>7:00</i>
Total Coliforms per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	Date Read <i>10-3-07</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>10 02 07</i>	Time Collected " <input type="checkbox"/> AM <input type="checkbox"/> PM <i>6:00</i>	Collected By (Please Print) <i>David R. Houck</i>
Collection Location (Please Print) <i>Firehouse</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)

*Pinos Altos MDWA Association
 P.O. Box 53207
 Pinos Altos, N.Mex 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 *10-3-07*



TOWN OF SILVER CITY
 P.O. Box 1188
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MICROBIOLOGICAL WATER REPORT

Lab No. 9427	Sample No. <i>SC0700824</i>
Date Received <i>9-4-07</i>	Time Received <i>8:30</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: *PAMD WCA*
 SLD User Code No. _____
 County: *Santa Fe* NM 35
 WSS Code No. *106-09*

LABORATORY TEST RESULTS

DRINKING WATER: Date Started *9-4-07* Time Started *1:00*
 Total Coliforms per 100 ml: Date Read *9-5-07*
 Present Absent
 E Coli per 100 ml: Present Absent
 Other _____
 Other Source Water: _____
 Fecal Coliforms _____ per 100 ml MF

COLLECTION INFORMATION

Date Collected: Mo *09* Day *04* Year *07*
 Time Collected: *8:15* AM PM
 Collected By (Please Print): *D Chavez*
 Collection Location (Please Print): *Fire house*

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)

*Pinto Altos in Dawassoc.
 P.O. Box 53207
 Pinto 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 *9-5-07*



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

MICROBIOLOGICAL WATER REPORT

Lab No. 9427	Sample No. 500700720
Date Received 8-7-07	Time Received 8:30

SAMPLE IDENTIFICATION

LABORATORY TEST RESULTS

Water Supply System Name: **Pinos Altos M DW Assn.**
 SLD User Code No. [] [] [] [] [] [] [] [] [] []
 County: **Grant** NM 35 WSS Code No. [] [] [] [] [] [] [] [] [] []

DRINKING WATER: **8-7-07** Date Started: **8-7-07** Time Started: **1:00**
 Total Coliforms per 100 ml: Present Absent
 E Coli per 100 ml: Present Absent
 Date Read: **8-8-07**

COLLECTION INFORMATION

Date Collected: **8/7/07** Time Collected: **8:30** AM PM
 Collected By: **David Chavez**
 Collection Location: **fire station sink**

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

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

INVALID SAMPLE
 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 teting.
 Quantity too great to permit agitation.
 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. _____

Method Used: **Membrane Filtration**
 Analyst: **S. Santa**
 Date reported: **8-8-07**

Send Report to the following (Names, Address and Phone Number)
Pinos Altos M DW Assn.
P.O. Box 53207
Pinos Altos N.M. 88053



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

MICROBIOLOGICAL WATER REPORT

Lab No. 9427	Sample No. SC0700545
Date Received 6-5-07	Time Received 7.10

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 PHOENIX WCA	SLD User Code No. _____
County Graff	WSS Code No. NM 35 10609

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started 6-5-07	Time Started 7:00
Total Coliforms per 100 ml:	Date Read 6-6-07	
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 type="checkbox"/> AM	Collected By (Please Print)
Mo Day Year	" "	<input type="checkbox"/> PM	David R. Haver
Collection Location (Please Print) 160507540#2			

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)

PINOS ALTOS MBW Assoc.
P.O. Box 53207
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 **6-6-07**



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

MICROBIOLOGICAL WATER REPORT

Lab No. 9427	Sample No. 50700448
Date Received 5-1-07	Time Received 7:30

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: **PHOENIX**
 SLD User Code No. _____
 County: **Grant** NM 35
 WSS Code No. _____

LABORATORY TEST RESULTS

DRINKING WATER: Date Started **5-1-07** Time Started **7:00**
 Total Coliforms per 100 ml: _____ Date Read **5-2-07**
 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: _____ AM PM
 Collected By (Please Print): **David Chavez**
 Collection Location (Please Print): **Fire Station**

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: **0.99** 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)

PHOENIX MD WA SS.
P.O. BOX 53207
PHOENIX, 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: **5-2-07**



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>SC0700167</i>
Date Received <i>3-6-07</i>	Time Received <i>7:00</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. <i>NM 35 106-09</i>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <i>3-6-07</i>	Time Started <i>7:00</i>
Total Coliforms per 100 ml:	Date Read <i>3-7-06</i>	
Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>	
E Coli per 100 ml:		
Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>	

COLLECTION INFORMATION

Date Collected	Time Collected	Collected By (Please Print)
Mo Day Year <i>03 05 07</i>	<i>5:00</i> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<i>David R Chavez</i>
Collection Location (Please Print) <i>Main #54 sink Quadrant 2</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: *6.90* 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)

*Pinos Altos mdwc association
P.O. Box 153027
Pinos Altos, NM 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 *3-7-07*



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>50700092</i>
Date Received <i>2-6-07</i>	Time Received <i>11:00</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: *PAMDWCA*
 County: *Giant*
 SLD User Code No. _____
 WSS Code No. **NM 35** *106-09*

LABORATORY TEST RESULTS

DRINKING WATER: Date Started *2-6-07* Time Started *11:00*
 Total Coliforms per 100 ml: Present Absent
 E Coli per 100 ml: Present Absent
 Date Read *2-7-07*
 Other _____
 Other Source Water: _____
 Fecal Coliforms _____ per 100 ml MF

COLLECTION INFORMATION

Date Collected: Mo *02* Day *06* Year *07*
 Time Collected: *6:00* AM PM
 Collected By (Please Print): *David Chavez*
 Collection Location (Please Print): *Fire Station*

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: *0.99* 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 *2-7-07*



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

**MICROBIOLOGICAL
 WATER REPORT**

Lab No.	9427	Sample No.	SC0700018
Date Received	1-2-07	Time Received	11:00

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 PANDOWCA	SLD User Code No. - - - - -
County Grant	WSS Code No. NM 35 1 0 4 2 9

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started 1-2-07	Time Started 11:00
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 _____		
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 01 02 07	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 11 22	David R Chavez
Collection Location (Please Print) Fire station Quarters 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)

PANDOWCA
P.O. Box 53027
PINDS ALTOS, NM
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 **1-3-07**

Quality Water Report

PINOS ALTOS MDWC ASSOCIATION

JUNE 1, 2007

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, 2006. 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	Average Detected	Range of Detections	MCLG	MCL	Likely Source of Contamination
Microbiological Contaminants						
Total Coliform Bacteria / 12 Samples Yearly - 2006	No	ND	N/A	0	1	Naturally present in the environment
Disinfection ByProducts						
Haloacetic Acids ppb	N	1.87 (2006)	ND-7.97	60	60	Byproduct of chlorination for disinfection of water formed when chlorine reacts to organics in water.
TTHM (Total Trihalomethanes) ppm	N	0.006 (2006)	ND- 0.012	80	80	Byproduct of chlorination for disinfection of water formed when chlorine reacts to organics in water.
Inorganic Contaminants						
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)	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	0.38 (2006)	0.01-0.75	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) 7/23/06 Result, 5 samples tested, 90 th Percentile Reported	N	0.1688 (2006)	.02184- .19943	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) 7/23/06 Result, 5 samples tested, 90 th Percentile Reported	N	0.00252 (2006)	.00091- .00323	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	1.12 (2006)	0.98-1.25	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	0.02 (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

The substances listed in this table are not regulated by the EPA; however, the Town of Silver City Utilities Department receives frequent calls about them, so this information is provided as a service to our members.

UNREGULATED SUBSTANCES			
Substance (Units)	Range of Detection	Average Detected	EPA Suggested Limit
Alkalinity (ppm)	157 – 203	176	N/A
Hardness (ppm)	132 - 200	162 (Medium)	N/A
pH – Acidity (pH Units)	7.16 - 7.69	7.5	N/A
Sodium (ppm)	18.7 – 34.7	25.4	N/A
Total Dissolved Solids (ppm)	190 – 279	217	N/A

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.