



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

MICROBIOLOGICAL WATER REPORT

Lab No. 9427	Sample No. 50900003
Date Received 1-6-09	Time Received 9:00

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	SLD User Code No. - - - - -
County Grant	WSS Code No. NM 35 106-09

COLLECTION INFORMATION

Date Collected Mo: 01 Day: 06 Year: 09	Time Collected " 8:13 " <input type="checkbox"/> AM <input type="checkbox"/> PM	Collected By (Please Print) David R. Hayes
Collection Location (Please Print) Kitchen Sink		

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: **.12** 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
PO BOX 53027
Pinos Altos NM
88053

LABORATORY TEST RESULTS

DRINKING WATER: _____	Date Started 1-6-09	Time Started 9:00
Total Coliforms per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	Date Read 1-2-09	
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"/>	

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 **1-2-09**



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>50900112</i>
Date Received <i>2-3-09</i>	Time Received <i>8:35</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>KHM DWCA</i>	SLD User Code No. - - - - -
County <i>Grant</i>	WSS Code No. NM 35 <i>10609</i>

LABORATORY TEST RESULTS

DRINKING WATER: _____	Date Started <i>2-3-09</i>	Time Started <i>1:00</i>
Total Coliforms per 100 ml:	Date Read <i>2-4-09</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 type="checkbox"/> AM <input type="checkbox"/> PM	Collected By (Please Print) <i>David Chavez</i>
Mo Day Year <i>02 03 09</i>	" <i>8 10</i>	" <i>PM</i>	
Collection Location (Please Print) <i>State</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: *1.02* 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. _____

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 _____

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

*Pina A/Hos MDW
 P.O. Box 53027
 Pinos Altos, NM
 88053*

Method Used: Membrane Filtration
 Analyst *S. Smith*
 Date reported *2-4-09*



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

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
Date Received	Time Received

3-3-09 9:45
 SC0900194

SAMPLE IDENTIFICATION

Water Supply System Name	SLD User Code No.
DAWDWCA	
County	WSS Code No.
Grant	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	Time Collected	Collected By
Mo Day Year	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
03 02 09	3:00	David R Chavez
Collection Location		
outside faucet		

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: 1.02 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)

Pinos Altos MOW Associ.
 P.O. Box 53027
 Pinos Altos NM 88053

Analyst: S Smith
 Date reported: 3-4-09



TOWN OF SILVER CITY
 P. O. Box 1188
 Silver City, New Mexico 88062 *388 4981*
 (505) 538-3731 *Wagner*

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
	<i>500900295</i>
Date Received	Time Received
<i>4-7-09</i>	<i>7:40</i>

SAMPLE IDENTIFICATION

Water Supply System Name <i>PINDWCA</i>	SLD User Code No.
County <i>Grant</i>	WSS Code No. <i>1-6-09</i>

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
 Present Absent

E. Coli per 100 ml:
 Present Absent

Other _____

COLLECTION INFORMATION

Date Collected	Time Collected	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Collected By
Mo: <i>4</i> Day: <i>06</i> Year: <i>09</i>	: : : : : :			<i>David Chiriac</i>
Collection Location <i>outside faucet</i>				

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: *0.22* 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)

PINDC Altos MDWC Assort.
P.O. Box 53027
PINDC Altos, NM.
88053

Analyst: *S. S. [Signature]*

Date reported: *4-8-09*



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

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE # SC0900393
Date Received 5-5-09	Time Received 8:40

SAMPLE IDENTIFICATION

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

COLLECTION INFORMATION

Date Collected Mo Day Year	Time Collected 11:22	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By David Thayer
Collection Location Outside Facet			

TYPE OF SYSTEM

Check One:

Community Non-Community Private Well

Other - Specify _____

(999)
Disinfected? Yes No Residual: **0.65** 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)

Pinos Altos M DW Assoc,
P.O. Box 53027
Pinos Altos, NM 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
Present Absent

E. Coli per 100 ml:
Present Absent

Other _____

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF

INVALID SAMPLE

If one of the following is checked, resample.

TNTC Non-Coliforms
 Confluent Growth
 Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

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

Analyst **S. Smith**

Date reported **5-6-09**



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

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE # 20900489
Date Received 6-2-09	Time Received 10:10

SAMPLE IDENTIFICATION

Water Supply System Name PAM BWCA	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 8 6 02 09	Time Collected 9:01 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Collected By David
Collection Location outside faucet		

TYPE OF SYSTEM

Check One:

Community Non-Community Private Well

Other - Specify _____

(999)

Disinfected? Yes No Residual: 0.72 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)

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

Analyst S. Smith

Date reported 6-3-09



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

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
	500900557
Date Received	Time Received
7-7-09	8:31

SAMPLE IDENTIFICATION

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

COLLECTION INFORMATION

Date Collected	Time Collected	<input type="checkbox"/> AM	Collected By
Mo Day Year	3:15	<input type="checkbox"/> PM	David
Collection Location			
070609 outside faucet			

TYPE OF SYSTEM

Check One:

Community Non-Community Private Well

Other - Specify _____

(999)

Disinfected? Yes No Residual: 0.40 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)

[PINOS AHOS MDWA
 P.O. BOX 53027
 PINOS AHOS N.M. 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
 Present Absent

E. Coli per 100 ml:
 Present Absent

Other _____

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF

INVALID SAMPLE

If one of the following is checked, resample.

- TNTC Non-Coliforms
- Confluent Growth
- Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

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

Analyst: S Smith

Date reported: 7-8-09



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

MICROBIOLOGICAL WATER REPORT

Lab No.	INVOICE #
Date Received	Time Received
9-8-09	10:10

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 08 09	Time Collected : : 10:30	<input type="checkbox"/> AM <input type="checkbox"/> PM	Collected By David
Collection Location outside facet			

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.Mex. 88053

LABORATORY TEST RESULTS

Drinking Water:

Total Coliforms per 100 ml:
 Present Absent

E. Coli per 100 ml:
 Present Absent

Other _____

Other Source Water:

Fecal Coliforms: _____ per 100 ml MF

INVALID SAMPLE

If one of the following is checked, resample.

TNTC Non-Coliforms
 Confluent Growth
 Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

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

Analyst S. Smith

Date reported 9-9-09



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

MICROBIOLOGICAL WATER REPORT

Lab No. 9427	INVOICE # 50900834
Date Received 10-6-09	Time Received 11:10

SAMPLE IDENTIFICATION

Water Supply System Name PAMDWCA	SLD User Code No.
County Grant	WSS Code No. 1006-09

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 10 05 09	Time Collected : : 4:15	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Collected By David Chavez
Collection Location outside faucet			

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

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)

[Pinos Altos M DWA
 P.O. Box 53027
 Pinos Altos, NM 88053]

Analyst S. Smith

Date reported 10-7-09



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>50090089</i>
Date Received <i>11-3-09</i>	Time Received <i>9:45</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: *Pinos Altos MDWA*
 County: *Grant* NM 35
 SLD User Code No. _____
 WSS Code No. *106-09*

LABORATORY TEST RESULTS

DRINKING WATER: Date Started *11-3-09* Time Started *1:00*
 Total Coliforms per 100 ml: Date Read *11-4-09*
 Present Absent
 E Coli per 100 ml: Present Absent

COLLECTION INFORMATION

Date Collected: Mo *11* Day *02* Year *09*
 Time Collected: *3:45* AM PM
 Collected By (Please Print): *David R Chavez*
 Collection Location (Please Print): *outside faucet*

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 MDWA
P.O. Box 53027
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 *11-4-09*

