



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

MICROBIOLOGICAL WATER REPORT

Lab No. 9427	INVOICE # SC1000041
Date Received 1-12-10	Time Received 9:30

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 01/11/10	Time Collected :15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Collected By David
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: _____ 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 m DWA.
 P.O. Box 53027
 PINOS ALTOS N.M. 88053

Analyst S. Smith

Date reported 1-13-10



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

MICROBIOLOGICAL WATER REPORT

Lab No. 9427	Sample No. 501000083
Date Received 2-2-10	Time Received 8:20

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: PHMD WCA SLD User Code No. _____
 County: Grant NM 35 WSS Code No. 106-09

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 2-2-10 Time Started 7:00
 Total Coliforms per 100 ml: _____ Date Read 2-3-10
 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: 3:00 AM PM
 Collected By (Please Print): David
 Collection Location (Please Print): 020110 firehouse

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 MWA.
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: 2-3-10



TOWN OF SILVER CITY
 P.O. Box 1188
 Silver City, New Mexico 88062
 (575) 388-4981

DWB FIELD OFFICE
 LAS CRUCES
**MICROBIOLOGICAL
 WATER REPORT**

Lab No. 9427	Sample No. SC1000156
Date Received 3-2-10	Time Received 9:05

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>David</u>	Signature: <u>[Signature]</u>	Date: <u>3-2-10</u>	Time: <u>9:05</u>
Sample Received By: <u>Shirley Smith</u>	Signature: <u>[Signature]</u>	Date: <u>3-2-10</u>	Time: <u>9:15</u>
Sample Relinquished By:		Date:	Time:
Sample Received By:		Date:	Time:

SAMPLE IDENTIFICATION

Water Supply System Name <u>PAMDWCA</u>	SLD User Code No.
County <u>Grant</u>	WSS Code No. <u>NM 35 106-09</u>
Sampler ID No. <u>5101</u>	

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>3-2-10</u>	Time Started <u>1:00</u>
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	<input checked="" type="checkbox"/> AM	Sampler
Mo Day Year <u>03 02 10</u>	<u>7:55</u>	<input type="checkbox"/> PM	<u>David</u>
Collection Location (Please Print) <u>Fritchburg</u>		Facility Site No.	

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: 1.19 mg/L

TESTING REQUIRED

Check One

Total Coliforms - MF E Coli

Other

REASON FOR SAMPLING

Check One

Routine Sample Population < 1,000

Repeat Sample Special Sample

Downstream Monitoring Sample (ED Use Only)

Upstream Triggered Source

Original Location

Random Location

Triggered Source Repeat

ORIGINAL LAB SAMPLE NO.

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

PAMDWCA
P.O. Box 53027
PIÑOS 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 3-3-10



TOWN OF SILVER CITY
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DWB FIELD OFFICE
 LAS CRUCES
**MICROBIOLOGICAL
 WATER REPORT**

Lab No. 9427	Sample No. SC7000236
Date Received 4-6-10	Time Received 9:35

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>David R Chavez</u>	Signature: <u>[Signature]</u>	Date: _____	Time: <u>9:35</u>
Sample Received By: <u>M. Orusco</u>	Signature: <u>[Signature]</u>	Date: <u>4-6-10</u>	Time: <u>9:35</u>
Sample Relinquished By: _____	Signature: _____	Date: _____	Time: _____
Sample Received By: _____	Signature: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

Water Supply System Name <u>Pinos Altos</u>	SLD User Code No. - - - - -
County <u>Grant</u>	Sampler ID No. <u>5801</u> NM 35
	WSS Code No. <u>10609</u>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>4-6-10</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml:	Date Read <u>4-7-10</u>	
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	Sampler
Mo Day Year <u>04 05 10</u>	" " <u>2:15</u>	<input checked="" type="checkbox"/> PM	<u>David R Chavez</u>
Collection Location (Please Print) <u>outside road #2</u>		Facility Site No. <u>42</u>	

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: 0.33 mg/L

TESTING REQUIRED

Check One

Total Coliforms - MF E Coli

Other _____

REASON FOR SAMPLING

Check One

Routine Sample Population < 1,000

Repeat Sample Special Sample

Downstream Monitoring Sample (ED Use Only)

Upstream Triggered Source

Original Location

Random Location

Triggered Source Repeat

ORIGINAL LAB SAMPLE NO. _____

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

PAMDWCA
P.O. Box 53027
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 4-7-10



TOWN OF SILVER CITY
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Silver City, New Mexico 88062
(575) 388-4981

DWB FIELD OFFICE
LAS CRUCES
**MICROBIOLOGICAL
WATER REPORT**

Lab No. 9427	Sample No. <i>SC1000316</i>
Date Received <i>5-4-10</i>	Time Received <i>8:35</i>

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <i>David Chavez</i>	Signature: <i>David Chavez</i>	Date	Time
Sample Received By: <i>Shirley Smith</i>	<i>Shirley Smith</i>	Date <i>5-4-10</i>	Time <i>8:35</i>
Sample Relinquished By:		Date	Time
Sample Received By:		Date	Time

SAMPLE IDENTIFICATION

Water Supply System Name <i>Pinos Altos</i>	SLD User Code No.
County <i>Graff</i>	Sampler ID No. <i>5301</i>
	WSS Code No. <i>NM 35</i>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <i>5-4-10</i>	Time Started <i>1:00</i>
Total Coliforms per 100 ml:	Date Read <i>5-5-10</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	Sampler
Mo Day Year <i>05 03 10</i>	<i>4:00</i>	<input checked="" type="checkbox"/> PM	<i>David Chavez</i>
Collection Location (Please Print) <i>outside forest</i>		Facility Site No. <i>#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: *0.77* mg/L

TESTING REQUIRED

Check One

Total Coliforms - MF E Coli

Other

REASON FOR SAMPLING

Check One

Routine Sample Population < 1,000

Repeat Sample Special Sample

Downstream Monitoring Sample (ED Use Only)

Upstream Triggered Source

Original Location

Random Location

Triggered Source Repeat

ORIGINAL LAB SAMPLE NO. _____

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

Pinos Altos MDWA
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 *5-5-10*



TOWN OF SILVER CITY
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 Silver City, New Mexico 88062
 (575) 388-4981

DWB FIELD OFFICE
 LAS CRUCES
**MICROBIOLOGICAL
 WATER REPORT**

Lab No. 9427	Sample No. 501000407
Date Received 6-1-10	Time Received 9:31

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>David Chavez</u> (Print)	Signature <u>[Signature]</u>	Date <u>6-1-10</u>	Time <u>9:30</u>
Sample Received By: <u>M. Orso</u>	<u>[Signature]</u>	Date <u>6-1-10</u>	Time <u>9:31</u>
Sample Relinquished By: _____	_____	Date _____	Time _____
Sample Received By: _____	_____	Date _____	Time _____

SAMPLE IDENTIFICATION

Water Supply System Name <u>PAMDWCA</u>	SLD User Code No. _____
County <u>Grant</u>	Sampler ID No. <u>5801</u> NM 35
	WSS Code No. <u>106-09</u>

LABORATORY TEST RESULTS

DRINKING WATER: _____	Date Started <u>6-1-10</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml:	Date Read <u>6-2-10</u>	
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	Sampler
Mo Day Year	" "	<input type="checkbox"/> PM	<u>David</u>
<u>06 01 10</u>	<u>9:05</u>		
Collection Location (Please Print) <u>outside faucet</u>		Facility Site No. <u>13</u>	

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 E Coli
 Other _____

REASON FOR SAMPLING

Check One
 Routine Sample Population < 1,000
 Repeat Sample Special Sample
 Downstream Monitoring Sample (ED Use Only)
 Upstream Triggered Source
 Original Location
 Random Location
 Triggered Source Repeat

ORIGINAL LAB SAMPLE NO. _____

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

Pino's A/Hos MDWA
P.O. Box 53027
Silver City 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 6-2-10



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

MICROBIOLOGICAL WATER REPORT

Lab No. 9427	INVOICE # 501000501
Date Received 7-6-10	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 07 05 10	Time Collected <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 5:00	Collected By David
Collection Location outside faucet #2		

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)

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

Analyst S. Smith

Date reported 7-7-10



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

MICROBIOLOGICAL WATER REPORT

Lab No. 9427	Sample No. 501000584
Date Received 8-3-10	Time Received 11:00

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: _____	Date: 8-3-10	Time: 11:00
Sample Received By: M. DRUGCO	Date: 8-3-10	Time: 11:00
Sample Relinquished By: _____	Date: _____	Time: _____
Sample Received By: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

Water Supply System Name AMDWCA	SLD User Code No. _____
County Grant	WSS Code No. NM 35 1106-09

LABORATORY TEST RESULTS

DRINKING WATER: _____	Date Started 8-3-10	Time Started 11:00
Total Coliforms per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	Date Read 8-4-10	
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: 08 Day: 03 Year: 10	Time Collected 10:28 AM <input type="checkbox"/> PM <input type="checkbox"/>	Collected By (Please Print) David Khavari
Collection Location (Please Print) Site # 2 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 AMDWA
P.O. Box 53027
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: **8-4-10**



TOWN OF SILVER CITY
P.O. Box 1188
Silver City, New Mexico 88062
(575) 388-4981

DWB FIELD OFFICE
LAS CRUCES
**MICROBIOLOGICAL
WATER REPORT**

Lab No. 9427	Sample No. SC1000664
Date Received 9-7-10	Time Received 9:30

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>David Chavez</u> Print	Signature: <u>David R Chavez</u>	Date: <u>9-7-10</u>	Time: <u>9:30</u>
Sample Received By: <u>Shirley Smith</u>	Signature: <u>Shirley Smith</u>	Date: <u>9-7-10</u>	Time: <u>9:30</u>
Sample Relinquished By: _____	Signature: _____	Date: _____	Time: _____
Sample Received By: _____	Signature: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

Water Supply System Name <u>DAMPWCA</u>	SLD User Code No. - - - - -
County <u>Gant</u>	Sampler ID No. <u>5801</u>
	WSS Code No. <u>NM 35 106-09</u>

LABORATORY TEST RESULTS

DRINKING WATER: <u>9-7-10</u>	Date Started	Time Started
Total Coliforms per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	Date Read <u>9-8-10</u>	
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: <u>09</u> Day: <u>07</u> Year: <u>10</u>	Time Collected <u>4:50</u> AM <input type="checkbox"/> PM <input type="checkbox"/>	Sampler <u>David Chavez</u>
Collection Location (Please Print) <u>Site 3 - Security</u>		Facility Site No. <u>73</u>

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 E Coli
 Other

REASON FOR SAMPLING

Check One
 Routine Sample Population < 1,000
 Repeat Sample Special Sample
 Downstream Monitoring Sample (ED Use Only)
 Upstream Triggered Source
 Original Location
 Random Location
 Triggered Source Repeat

ORIGINAL LAB SAMPLE NO. _____

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

Pinos Altos m D WCA
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 9-8-10



TOWN OF SILVER CITY
P.O. Box 1188
Silver City, New Mexico 88062
(575) 388-4981

DWB FIELD OFFICE
LAS CRUCES
**MICROBIOLOGICAL
WATER REPORT**

Lab No. 9427	Sample No. 50000743
Date Received 10-05-10	Time Received 10:20

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: _____ Print	Signature _____	Date 10-5-10	Time _____
Sample Received By: TED MUNDIE	Signature _____	Date 10-5-10	Time 10:20
Sample Relinquished By: _____	Signature _____	Date _____	Time _____
Sample Received By: _____	Signature _____	Date _____	Time _____

SAMPLE IDENTIFICATION

Water Supply System Name PAM DWCA	SLD User Code No. _____
County Grant	Sampler ID No. 5801
	WSS Code No. NM 35 10 109

LABORATORY TEST RESULTS

DRINKING WATER: _____	Date Started 10-5-10	Time Started 1:00
Total Coliforms per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	Date Read 10-6-10	
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 _____	Time Collected 8:42	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sampler David R Chavez
Collection Location (Please Print) outside faucet		Facility Site No. #1	

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 E Coli
 Other

REASON FOR SAMPLING

Check One
 Routine Sample Population < 1,000
 Repeat Sample Special Sample
 Downstream Monitoring Sample (ED Use Only)
 Upstream Triggered Source
 Original Location
 Random Location
 Triggered Source Repeat

ORIGINAL LAB SAMPLE NO. _____

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

PAM DWCA
P.O. Box 53027
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 **10-6-10**



TOWN OF SILVER CITY
 P.O. Box 1188
 Silver City, New Mexico 88062
 (575) 388-4981

DWB FIELD OFFICE
 LAS CRUCES
**MICROBIOLOGICAL
 WATER REPORT**

Lab No. 9427	Sample No. <i>SC1000773</i>
Date Received <i>11-2-10</i>	Time Received <i>9:30</i>

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <i>David Chavez</i>	Signature: <i>David Chavez</i>	Date: <i>11-2-10</i>	Time: <i>9:30</i>
Sample Received By: <i>M. Oros</i>	Signature: <i>M. Oros</i>	Date: <i>11-2-10</i>	Time: <i>9:30</i>
Sample Relinquished By:		Date:	Time:
Sample Received By:		Date:	Time:

SAMPLE IDENTIFICATION

Water Supply System Name: *Pinos Altos Water*
 County: *Santa Fe*
 Sampler ID No.: *5801*
 WSS Code No.: *NM 35 10609*

LABORATORY TEST RESULTS

DRINKING WATER: Date Started *11-2-10* Time Started *1:00*
 Date Read *11-3-10*
 Total Coliforms per 100 ml: 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 *02* Year *10*
 Time Collected: *8:54* AM PM
 Sampler: *David*
 Collection Location (Please Print): *Antelope #2*
 Facility Site No.:

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 E Coli
 Other

REASON FOR SAMPLING

Check One
 Routine Sample Population < 1,000
 Repeat Sample Special Sample
 Downstream Monitoring Sample (ED Use Only)
 Upstream Triggered Source
 Original Location
 Random Location
 Triggered Source Repeat

ORIGINAL LAB SAMPLE NO.

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

*PAM DWCA
 P.O. Box 53027
 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: *11-3-10*



TOWN OF SILVER CITY
 P.O. Box 1188
 Silver City, New Mexico 88062
 (575) 388-4981

DWB FIELD OFFICE
 LAS CRUCES
**MICROBIOLOGICAL
 WATER REPORT**

Lab No. 9427	Sample No. SC1000843
Date Received 12-7-10	Time Received 9:05

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>David Chavez</u> (Print)	Signature <u>David Chavez</u>	Date <u>12-07-10</u>	Time <u>9:05</u>
Sample Received By: <u>M. DRUSS</u>	<u>M. Druss</u>	Date	Time
Sample Relinquished By:		Date	Time
Sample Received By:		Date	Time

SAMPLE IDENTIFICATION

Water Supply System Name <u>PHM DWCA</u>	SLD User Code No.
County <u>Grant</u>	Sampler ID No. <u>5801</u>
	WSS Code No. <u>NM 35</u>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>12-7-10</u>	Time Started <u>12:00</u>
Total Coliforms per 100 ml:	Date Read <u>12-8-10</u>	
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	<input type="checkbox"/> AM	Sampler
Mo Day Year	"	<input type="checkbox"/> PM	
<u>12 07 10</u>	<u>12:00</u>		<u>David</u>
Collection Location (Please Print)		Facility Site No.	

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 E Coli

Other

REASON FOR SAMPLING

Check One

Routine Sample Population < 1,000

Repeat Sample Special Sample

Downstream Monitoring Sample (ED Use Only)

Upstream Triggered Source

Original Location

Random Location

Triggered Source Repeat

ORIGINAL LAB SAMPLE NO. _____

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

Pinos Altos MDWA
PO 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. Druss

Date reported 12-8-10