



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.
 SC1000927

Date Received

Time Received
 9:25

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>David R Chavez</u>	Signature: <u>David R Chavez</u>	Date: <u>1-4-11</u>	Time: <u>9:25</u>
Sample Received By: <u>M. Duran</u>	Signature: <u>M. Duran</u>	Date: <u>1-4-11</u>	Time: <u>9:25</u>
Sample Relinquished By:		Date:	Time:
Sample Received By:		Date:	Time:

SAMPLE IDENTIFICATION

LABORATORY TEST RESULTS

Water Supply System Name: Pinos Altos MDCWA SLD User Code No. _____
 County: Grant Sampler ID No. 5301 WSS Code No. NM 35 106-09

DRINKING WATER: Date Started 1-4-11 Time Started 1:00
 Total Coliforms per 100 ml: Present Absent
 E Coli per 100 ml: Present Absent
 Date Read 1-5-11

COLLECTION INFORMATION

Date Collected: Mo 01 Day 04 Year 11 Time Collected: 8:40 AM PM Sampler: David R Chavez
 Collection Location (Please Print): outside faucet Facility Site No.: #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 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 MDCWA
P.O. Box 53027
Pinos Altos, NM 88053

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

Method Used: Membrane Filtration
 Analyst: M. Duran
 Date reported: 1-5-11



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

Lab No.
9427

Sample No.
SC 1000999

Date Received
2/1/11

Time Received
11:35

CHAIN OF CUSTODY CHRONICLE

Print	Signature	Date	Time
Sample Relinquished By: _____	_____	_____	_____
Sample Received By: TED MURPHY	_____	Date 2/1/11	Time 11:35
Sample Relinquished By: _____	_____	Date _____	Time _____
Sample Received By: _____	_____	Date _____	Time _____

SAMPLE IDENTIFICATION

Water Supply System Name _____ SLD User Code No. _____
 County _____ Sampler ID No. _____ WSS Code No. _____
NM 35

LABORATORY TEST RESULTS

DRINKING WATER: Date Started **2-1-11** Time Started **1:00**
 Total Coliforms per 100 ml: Present Absent
 E Coli per 100 ml: Present Absent
 Date Read **2-2-11**

COLLECTION INFORMATION

Date Collected: Mo _____ Day _____ Year _____
 Time Collected: _____ AM PM
 Sampler _____
 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 MDA
PO 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 **Manuel Quijano**

Date reported **2-2-11**



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

Lab No.
9427

Sample No.
SC110070

Date Received
 3-15-11

Time Received
 9:25

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Manuel Chavez</u>	Signature: <u>Manuel Chavez</u>	Date: <u>3-15-11</u>	Time: <u>9:25</u>
Sample Received By: <u>TED MURPHY</u>	Signature: <u>TED MURPHY</u>	Date: <u>3-15-11</u>	Time: <u>9:25</u>
Sample Relinquished By: _____	Signature: _____	Date: _____	Time: _____
Sample Received By: _____	Signature: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

Water Supply System Name: Piños Altos MDWCA
 County: Grant Sampler ID No.: 5801 SLD User Code No.: _____
 WSS Code No.: NM 35

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 3-15-11 Time Started 1:00
 Total Coliforms per 100 ml: Present Absent
 E Coli per 100 ml: Present Absent
 Date Read: 3-16-11

COLLECTION INFORMATION

Date Collected: Mo 03 Day 14 Year 11 Time Collected: 5:30 AM PM
 Sampler: 2000 Collection Location (Please Print): Grant Facility Site No.: 83

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)

Piños Altos MDWCA
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: Manuel Quej

Date reported: 3-16-11



TOWN OF SILVER CITY
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MICROBIOLOGICAL WATER REPORT

Lab No. 9427	Sample No. <i>SC 110108</i>
Date Received <i>4-5-11</i>	Time Received <i>7:32</i>

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: _____	Date: <i>4-5-11</i>	Time: <i>9:10</i>
Sample Received By: <i>TED MUNIZ</i>	Date: <i>4-5-11</i>	Time: <i>9:32</i>
Sample Relinquished By: _____	Date: _____	Time: _____
Sample Received By: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <i>4-5-11</i>	Time Started <i>1:00</i>
Total Coliforms per 100 ml:	Date Read <i>4-6-11</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	Collected By (Please Print)
Mo Day Year	" "	<input type="checkbox"/> PM	<i>Shirley</i>
<i>04 05 11</i>	Collection Location (Please Print) <i>Grant</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)

Pinar Alto Assoc.
P.O. Box 53027
Pinar Alto, 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 testing.

Quantity too great to permit agitation.

Other _____

Method Used: **Membrane Filtration**

Analyst: *Manuel Chavez*

Date reported: *4-6-11*



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

Lab No.
9427

Sample No.
 SC110211

Date Received
 5-3-11

Time Received
 10:05

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Laura Chaney</u>	Date: <u>May 5-2011</u>	Time: <u>10:05</u>
Sample Received By: <u>M. Chaney</u>	Date: <u>5-3-11</u>	Time: <u>10:05</u>
Sample Relinquished By: _____	Date: _____	Time: _____
Sample Received By: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

Water Supply System Name & Population: Pinas Altas NDWA
 County: New Mexico NM 35
 SLD User Code No. _____
 WSS Code No. 106-09

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 5-3-11 Time Started 1:00
 Total Coliforms per 100 ml: Present Absent
 E Coli per 100 ml: Present Absent
 Date Read 5-4-11
 Other Source Water: _____
 Fecal Coliforms _____ per 100 ml MF

COLLECTION INFORMATION

Date Collected: Mo 05 Day 02 Year 11
 Time Collected: 11:26 AM PM
 Sampler & Certification No. 5801
 Collection Location (Please Print): Pinas Altas #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: 1.29 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)

Pinas Altas NDWA
P.O. Box 53027
Pinas Altas 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 testing.
- Quantity too great to permit agitation.
- Other _____

Method Used: Membrane Filtration

Analyst: M. Chaney

Date reported: 5-4-11



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

Lab No.
9427

Sample No.
SC110288

Date Received
6-7-11

Time Received
9:25

CHAIN OF CUSTODY CHRONICLE

Print	Signature	Date	Time
Sample Relinquished By: <i>[Signature]</i>	<i>[Signature]</i>	<i>6-7-11</i>	<i>9:25</i>
Sample Received By: <i>[Signature]</i>	<i>[Signature]</i>	Date <i>6-7-11</i>	Time <i>9:25</i>
Sample Relinquished By:		Date	Time
Sample Received By:		Date	Time

SAMPLE IDENTIFICATION

LABORATORY TEST RESULTS

Water Supply System Name: *[Blank]* SLD User Code No. *[Blank]*

County: *[Blank]* Sampler ID No. *NM 35* WSS Code No. *[Blank]*

DRINKING WATER: Date Started *6-7-11* Time Started *1:00*

Total Coliforms per 100 ml: Present Absent

E Coli per 100 ml: Present Absent

Date Read *6-8-11*

COLLECTION INFORMATION

Date Collected: Mo *[Blank]* Day *[Blank]* Year *[Blank]* Time Collected: AM PM Sampler *[Blank]*

Collection Location (Please Print) *[Blank]* Facility Site No. *[Blank]*

TYPE OF SYSTEM

Check One Community Non-Community Private Well

Non-Transient Non-Community Transient Non-Community

Other - Specify *[Blank]*

ICE Yes No

Disinfected? Yes No Residual: *[Blank]* 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. *[Blank]*

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

[Handwritten address: 10305 Altamira Blvd, Silver City, NM 88062]

Other Source Water:

Fecal Coliforms *[Blank]* 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 *[Blank]* 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 *[Handwritten Signature]*

Date reported *6-8-11*



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

Lab No.
9427

Sample No.
 SC110 400

Date Received
 7-12-11

Time Received
 11:10

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>R. Vasquez</u>	Signature: <u>[Signature]</u>	Date: <u>7-12-11</u>	Time: <u>11:10</u>
Sample Received By: <u>R. Vasquez</u>	Signature: <u>[Signature]</u>	Date: <u>7-12-11</u>	Time: <u>11:10</u>
Sample Relinquished By:		Date:	Time:
Sample Received By:		Date:	Time:

SAMPLE IDENTIFICATION

Water Supply System Name: Las Cruces DWCA SLD User Code No.
 County: Santa Fe Sampler ID No. NM 5301 WSS Code No.
NM 35

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 7-12-11 Time Started 11:10
 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 07 Day 11 Year 11 Time Collected: AM PM Sampler
 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: 0.14 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)

Las Cruces DWCA
P.O. Box 53027
Las Cruces, 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. S. [Signature]

Date reported 7-13-11



TOWN OF SILVER CITY
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(575) 388-4981

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

Lab No. 9427	Sample No. 5011044
Date Received 8-2-11	Time Received 10:25

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>[Signature]</u>	Signature <u>[Signature]</u>	Date <u>8-2-11</u>	Time <u>10</u>
Sample Received By: <u>M. DROSO</u>		Date <u>8-2-11</u>	Time <u>10</u>
Sample Relinquished By:		Date	Time
Sample Received By:		Date	Time

SAMPLE IDENTIFICATION

Water Supply System Name <u>Pinon Alto</u>	SLD User Code No. -
County <u>Santa Fe</u>	Sampler ID No. <u>405801</u>
	WSS Code No. <u>NM 35 106-09</u>

LABORATORY TEST RESULTS

DRINKING WATER: Date Started <u>8-2-11</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml: Present <input checked="" type="checkbox"/> Absent <input type="checkbox"/>	Date Read <u>8-3</u>
E Coli per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	

COLLECTION INFORMATION

Date Collected Mo <u>11</u> Day <u>2</u> Year <u>11</u>	Time Collected <u>9:27</u>	<input type="checkbox"/> AM <input type="checkbox"/> PM	Sampler <u>[Signature]</u>
Collection Location (Please Print) <u>Pinon Alto</u>		Facility Site No. <u>106-09</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: 0.34 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
 Repeat Sample Monitoring Sample
 Downstream (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)

Pinon Alto
Box 53027
Pinon Alto
88053

Other Source Water:
Fecal Coliforms _____ per 100 ml

INVALID SAMPLE

If one of the following is checked, resample.
 TNC 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 col
 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. DROSO
Date reported 8-3-11



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

MICROBIOLOGICAL WATER REPORT

Lab No. 9427	Sample No. 8010526
Date Received 9-6-11	Time Received 10:20

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: _____	Date: _____	Time: 10:20
Sample Received By: M. DRUSCO	Date: 9-6-11	Time: 10:20
Sample Relinquished By: _____	Date: _____	Time: _____
Sample Received By: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

Water Supply System Name PAM DWCA	SLD User Code No. -
County Grant	WSS Code No. NM 35 106-09

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 9-6-11	Time Started 1:00
Total Coliforms per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	Date Read 9-2-11
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 09 06 11	Time Collected 9:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Collected By (Please Print) David Chavez
Collection Location (Please Print) Side of the water treatment		

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)

Pina Altoz MDWCA
 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: 9-2-11



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

Lab No. 9427	Sample No. SC110642
Date Received 10-4-11	Time Received 12:45

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Date: <u>10-4-11</u>	Time: <u>12:45</u>
Sample Received By: <u>R. JASOUZ</u>	Signature: <u>[Signature]</u>	Date: <u>10-4-11</u>	Time: <u>12:45</u>
Sample Relinquished By: _____	Signature: _____	Date: _____	Time: _____
Sample Received By: _____	Signature: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

LABORATORY TEST RESULTS

Water Supply System Name: _____ SLD User Code No. _____
 County: _____ Sampler ID No. _____ WSS Code No. _____
 NM 35

DRINKING WATER: Date Started 10-4-11 Time Started 12:45
 Total Coliforms per 100 ml: Present Absent
 E Coli per 100 ml: Present Absent
 Date Read 10-5-11

COLLECTION INFORMATION

Date Collected: Mo 10 Day 04 Year 11 Time Collected: AM PM Sampler: [Signature]
 Collection Location (Please Print): _____ Facility Site No.: #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 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)

Pinar Altos
P.O. Box 1188
Silver City, NM
88062

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

Method Used: Membrane Filtration
 Analyst: J. Smith
 Date reported: 10-5-11



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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.
 SC110828

Date Received
 12-6-11

Time Received
 10:45

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: David R. Harty Date 12-6-2011 Time 10:45
 Sample Received By: Shirley Date 12-6-11 Time 10:45
 Sample Relinquished By: _____ Date _____ Time _____
 Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

Water Supply System Name & Population Pinon Alto MDWCA SLD User Code No. _____
 County Grant WSS Code No. NM 35

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 12-6-11 Time Started 11:00
 Total Coliforms per 100 ml: Date Read 12-7-11
 Present Absent
 E Coli per 100 ml:
 Present Absent
 Other _____
 Other Source Water: _____
 Fecal Coliforms _____ per 100 ml MF

COLLECTION INFORMATION

Date Collected: Mo 12 Day 05 Year 11 Time Collected 7:15 AM PM Sampler & Certification No. NM 5101
 Collection Location (Please Print) Pinon Alto

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)

Pinon Alto MDWCA
P.O. Box 1758
Silver City NM 88061

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 _____

Method Used: Membrane Filtration

Analyst S. Smith

Date reported 12-7-11