



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

MICROBIOLOGICAL WATER REPORT

Lab No. 9427	Sample No. SC121084
Date Received 12-4-12	Time Received 9:00

SAMPLE IDENTIFICATION

Water Supply System Name Rinos Altos Assoc.	SLD User Code No. - - - - -
County Graet	WSS Code No. NM 35 106-09

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started 12-4-12	Time Started 1:00
Total Coliforms per 100 ml:	Date Read 12-5-12	
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	DW
12 03 12	3:15		
Collection Location (Please Print) Kitchen 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: **0.49** 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)

Rinos Altos M.D.W.C.A.
P.O. Box 1798
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 teting.
- Quantity too great to permit agitation.
- Other _____

Method Used: Membrane Filtration

Analyst **Manuel Duran**

Date reported **12-5-12**



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. SC120872
Date Received 10-2-12	Time Received 9:15

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Print</u> <i>David Chavez</i>	Signature <i>David Chavez</i>	Date <i>10-2-12</i>	Time <i>9:15</i>
Sample Received By: <i>V. Vasquez</i>	<i>V. Vasquez</i>	Date <i>10-2-12</i>	Time <i>9:15</i>
Sample Relinquished By: _____	_____	Date _____	Time _____
Sample Received By: _____	_____	Date _____	Time _____

SAMPLE IDENTIFICATION

Water Supply System Name <i>Pinos Altos MDWCA</i>	SLD User Code No. - - - - -
County <i>Grant</i>	Sampler ID No. <i>NM 5801</i>
NM 35	WSS Code No. <i>146-09</i>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <i>10-2-12</i>	Time Started <i>1:00</i>
Total Coliforms per 100 ml:	Date Read <i>10-3-12</i>	
Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>	
E Coli per 100 ml:	Present <input type="checkbox"/>	
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	<i>David</i>
<i>10 02 12</i>	Collection Location (Please Print)	Facility Site No.	
	<i>Kitchen Sink</i>	<i>10609000</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: *1.34* 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

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 MDWCA
P.O. Box 1798
Silver City, NM 88061

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 Duran*

Date reported *10-3-12*



TOWN OF SILVER CITY
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(575) 388-4981

DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No.	9427	Sample No.	SC120772
Date Received	9-4-12	Time Received	10:45

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Yvonne Chavez</u>	Date: <u>Sept 4 2012</u>	Time: <u>10:45</u>
Sample Received By: <u>V. Vizcarra</u>	Date: <u>9-4-12</u>	Time: <u>10:45</u>
Sample Relinquished By: _____	Date: _____	Time: _____
Sample Received By: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

Water Supply System Name & Population <u>PAMBWCA</u>	SLD User Code No. _____-_____-_____-_____-_____-_____-
County <u>Grant</u>	WSS Code No. <u>NM 35 106-09</u>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>9-4-12</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml:	Date Read <u>9-5-12</u>	
Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>	
E Coli per 100 ml:	Present <input type="checkbox"/>	
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 & Certification No.
Mo Day Year	" "	<input type="checkbox"/> PM	<u>NM 5501</u>
<u>09 03 12</u>	<u>10:45</u>		
Collection Location (Please Print) <u>outside faucet</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: 0.2 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 Upstream

Original Location Random Location

(ED Use Only)

ORIGINAL LAB SAMPLE NO.
9427

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

Pinos Altos MOWCA
PO BOX 1798
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 teting.
- Quantity too great to permit agitation.
- Other _____

Method Used: Membrane Filtration

Analyst: V. Vizcarra

Date reported: 9-5-12



TOWN OF SILVER CITY
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(505) 388-4981

MICROBIOLOGICAL WATER REPORT

Lab No. 9427	Sample No. SC120671
Date Received 8-7-12	Time Received 7:35

SAMPLE IDENTIFICATION

Water Supply System Name Pinos Altos Water MDA Inc.	SLD User Code No. [] [] [] [] [] [] [] [] [] []
County Grant	WSS Code No. NM 35 1106-09

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started 8-7-12	Time Started 1:00
Total Coliforms per 100 ml:	Date Read 8-8-12	
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	<input type="checkbox"/> AM <input type="checkbox"/> PM	David
08 07 12	8:54	
Collection Location (Please Print) Outside Grant		

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: **0.46** 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 MDA
PO. 1798
SILVER CITY, NM 88061

Other _____

Other Source Water:

Fecal Coliforms _____ per 100 ml MF

INVALID SAMPLE

If one of the following is checked, resample.

- TNTC Non-Coliforms
- Confluent Growth
- Turbid Culture

REJECTED SAMPLE

If one of the following is checked, please resample.

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

Method Used: Membrane Filtration

Analyst **Manuel Quezada**

Date reported **8-8-12**



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. SC120578
Date Received 7-10-12	Time Received 9:15

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>David Chavez</u> Print	Signature <u>[Signature]</u>	Date <u>7-10-12</u>	Time <u>9:15</u>
Sample Received By: <u>M. Orusco</u>	<u>[Signature]</u>	Date <u>7-10-12</u>	Time <u>9:15</u>
Sample Relinquished By: _____	_____	Date _____	Time _____
Sample Received By: _____	_____	Date _____	Time _____

SAMPLE IDENTIFICATION

Water Supply System Name <u>ADUCA</u>	SLD User Code No. - - - - -
County <u>Santa Fe</u>	Sampler ID No. NM 35
	WSS Code No. - - - - -

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>7-10-12</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml:	Date Read <u>7-11-12</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>7 10 12</u>	" <u>9:45</u>	<input type="checkbox"/> PM	<u>[Signature]</u>
Collection Location (Please Print) <u>[Location]</u>		Facility Site No. <u>[Number]</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)

[Address]

[Address]

[Address]

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. Orusco

Date reported 7-11-12



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.

50120454

Date Received

6-5-12

Time Received

9:13

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: David R Chavez Date June 5-2012 Time 8:13
 Sample Received By: V. Vasquez Date 6-5-12 Time 9:13
 Sample Relinquished By: _____ Date _____ Time _____
 Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

Water Supply System Name & Population: Pinos Altos MDWCA
 County: Grant SLD User Code No. _____
 WSS Code No. NM 35 106-09

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 6-5-12 Time Started 1:10
 Total Coliforms per 100 ml: Date Read 6-6-12
 Present Absent
 E Coli per 100 ml: Present Absent
 Other _____
 Other Source Water: _____
 Fecal Coliforms _____ per 100 ml MF

COLLECTION INFORMATION

Date Collected: Mo 06 Day 04 Year 12 Time Collected: 4:00 AM PM
 Sampler & Certification No. NM05801
 Collection Location (Please Print) Fire House Street

TYPE OF SYSTEM

Check One
 Community Non-Community Private Well
 Non-Transient Non-Community Transient Non-Community
 Other - Specify _____
 ICE Yes No
 Disinfected? Yes No Residual: 0.71 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 MDWCA
P.O. Box 1758
Pinos Altos, 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 teting.
 Quantity too great to permit agitation.
 Other _____

Method Used: Membrane Filtration

Analyst M. Query

Date reported 6-6-12



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

Lab No. 9427	Sample No. SC120336
Date Received	Time Received

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>David</u>	Signature: <u>[Signature]</u>	Date: <u>5-1-12</u>	Time: <u>10:10</u>
Sample Received By: <u>[Signature]</u>		Date: <u>5-1-12</u>	Time: <u>10:10</u>
Sample Relinquished By:		Date:	Time:
Sample Received By:		Date:	Time:

SAMPLE IDENTIFICATION

Water Supply System Name <u>Pinos Altos MDWCA</u>	SLD User Code No.
County <u>Grant</u>	Sampler ID No. <u>NM5801</u>
	WSS Code No. <u>NM 35 10 6 - 09</u>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>5-1-12</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml:	Date Read <u>5-2-12</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	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Sampler
Mo Day Year	"			<u>David</u>
<u>05 01 12</u>				
Collection Location (Please Print)			Facility Site No.	
<u>Highway 51</u>			<u>#1</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 MDWCA
P.O. Box 1798
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 teting.
- Quantity too great to permit agitation.
- Other _____

Method Used: Membrane Filtration

Analyst M. Dusej

Date reported 5-2-12



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. SC120265
Date Received 4-10-12	Time Received 9:37

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>David R Chavez</u> (Print)	Signature: <u>David R Chavez</u>	Date: <u>4-10-12</u>	Time: <u>9:37</u>
Sample Received By: <u>M. Orosco Jr</u>	Signature: <u>M. Orosco Jr</u>	Date: <u>4-10-12</u>	Time: <u>9:37</u>
Sample Relinquished By: _____	Signature: _____	Date: _____	Time: _____
Sample Received By: _____	Signature: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

Water Supply System Name <u>PAMDWCA</u>	SLD User Code No. _____-_____-_____-_____-_____-_____-
County <u>Grant</u>	Sampler ID No. <u>NM05801</u> NM 35
	WSS Code No. <u>10609</u>

LABORATORY TEST RESULTS

DRINKING WATER: Date Started <u>4-10-12</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	Date Read <u>4-11-12</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 Day Year <u>04/10/12</u>	Time Collected <u>9:01</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler <u>David</u>
Collection Location (Please Print) <u>Kitchen faucet #3</u>		Facility Site No. <u>#3</u>

TYPE OF SYSTEM

Check One
 Community Non-Community Private Well
 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)

PAMDWCA
P.O. Box 1798
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 teting.
 Quantity too great to permit agitation.
 Other _____

Method Used: Membrane Filtration
 Analyst: M. Orosco Jr
 Date reported: 4-11-12



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>SC120153</i>
Date Received <i>3-6-12</i>	Time Received <i>9:55</i>

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <i>David Chavez</i>	Signature: <i>David Chavez</i>	Date: <i>3-6-12</i>	Time: <i>9:55</i>
Sample Received By: <i>M. Prosek</i>		Date: <i>3-6-12</i>	Time: <i>9:55</i>
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>10609</i>
Sampler ID No. <i>Nm 5801</i>	NM 35

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <i>3-6-12</i>	Time Started <i>1:00</i>
Total Coliforms per 100 ml:	Date Read <i>3-7-12</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 _____		

COLLECTION INFORMATION

Date Collected	Time Collected	<input checked="" type="checkbox"/> AM	Sampler
Mo Day Year <i>03 06 12</i>	<i>9:10</i>	<input type="checkbox"/> PM	<i>David</i>
Collection Location (Please Print) <i>outside faucet</i>		Facility Site No. <i>#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: _____ 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 1798
Silver City NM
88061

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 *S. Smith*

Date reported *3-7-12*



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>SC150084</i>
Date Received <i>2-7-12</i>	Time Received <i>8:40</i>

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <i>Daniel Chavez</i>	Date: <i>Feb 7, 2012</i>	Time: <i>8:40</i>
Sample Received By: <i>M. Ochoa</i>	Date: <i>2-7-12</i>	Time: <i>8:40</i>
Sample Relinquished By: _____	Date: _____	Time: _____
Sample Received By: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

Water Supply System Name & Population <i>PAM 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>2-7-12</i>	Time Started <i>8:40</i>
Total Coliforms per 100 ml:	Date Read <i>2-8-12</i>	
Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>	
E Coli per 100 ml:	Date Read <i>2-8-12</i>	
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 & Certification No.
Mo Day Year <i>02 06 12</i>	<i>3:00</i>	<input checked="" type="checkbox"/> PM	<i>NM 5801</i>
Collection Location (Please Print) <i>Outside District</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)

PAM DWCA
P.O. Box 1798
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 teting.

Quantity too great to permit agitation.

Other _____

Method Used: Membrane Filtration

Analyst *S. Smith*

Date reported *2-8-12*



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>5C120010</i>
Date Received <i>1-3-12</i>	Time Received <i>11:00</i>

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <i>David P. Chavez</i>	Signature: <i>David P. Chavez</i>	Date: <i>1-3-12</i>	Time: _____
Sample Received By: <i>S. Smith</i>	<i>S. Smith</i>	Date: <i>1-3-12</i>	Time: <i>11:00</i>
Sample Relinquished By: _____	_____	Date: _____	Time: _____
Sample Received By: _____	_____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

Water Supply System Name <i>Pinos Altos MDWCA</i>	SLD User Code No. - - - - -
County <i>Grant</i>	Sampler ID No. <i>NM504</i>
	WSS Code No. <i>10609</i>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <i>1-3-12</i>	Time Started <i>1:00</i>
Total Coliforms per 100 ml:	Date Read <i>1-4-12</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>01 03 12</i>	<i>10:12</i>	<input type="checkbox"/> PM	<i>David</i>
Collection Location (Please Print) <i>outside Grant #4</i>		Facility Site No. <i>#4</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 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 1798
Silver City NM 88066

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 *1-4-12*