



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.

SC130019

Date Received

1-8-13

Time Received

8:25

**CHAIN OF CUSTODY CHRONICLE**

Print	Signature	Date	Time
Sample Relinquished By: [Signature]	[Signature]	1-8-13	8:25
Sample Received By: [Signature]	[Signature]	1-9-13	3:05
Sample Relinquished By:		Date	Time
Sample Received By:		Date	Time

**SAMPLE IDENTIFICATION**

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

**LABORATORY TEST RESULTS**

DRINKING WATER: Date Started 1-8-13 Time Started 1:00  
 Total Coliforms per 100 ml: Date Read 1-9-13  
 Present  Absent   
 E Coli per 100 ml: Present  Absent   
 Other \_\_\_\_\_  
 Other Source Water: \_\_\_\_\_  
 Fecal Coliforms \_\_\_\_\_ per 100 ml MF

**COLLECTION INFORMATION**

Date Collected: Mo [ ] Day [ ] Year [ ] Time Collected:  AM  PM Sampler: \_\_\_\_\_  
 Collection Location (Please Print): 0110713 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)

Las Cruces MDCWA  
P.O. Box 1798  
Silver City, NM 88004

**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

1-9-13



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

## MICROBIOLOGICAL WATER REPORT

Lab No.

9427

INVOICE #

SC130126

Date Received

2-5-13

Time Received

3:40

### SAMPLE IDENTIFICATION

Water Supply System Name

Pinos Altos MDWCA

SLD User Code No.

County

Grant

WSS Code No.

106-09

### COLLECTION INFORMATION

Date Collected  
Mo Day Year

02 05 13

Time Collected

8:00

AM

PM

Collected By

Dave

Collection Location

outside tap

### TYPE OF SYSTEM

Check One:

Community

Non-Community

Private Well

Other - Specify \_\_\_\_\_  
(999)

Disinfected?  Yes

No

Residual: \_\_\_\_\_ mg/L

0.53

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

### 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

Date reported

Manned (Dr. J.)  
2-6-13



TOWN OF SILVER CITY  
P. O. Box 1188  
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(505) 538-3731

# MICROBIOLOGICAL WATER REPORT

Lab No.

INVOICE #

Date Received

Time Received

SC13028 5

## LABORATORY TEST RESULTS

## SAMPLE IDENTIFICATION

Water Supply System Name

SLD User Code No.

PINOS ALTOS MDWCA

55000

County

WSS Code No.

GRANT

106-09

## COLLECTION INFORMATION

Date Collected  
Mo Day Year

Time Collected

AM

Collected By

03 26 13

9:50

PM

JOHNSON NM12753

Collection Location

BATH TUB FAUCET

## TYPE OF SYSTEM

Check One:

Community

Non-Community

Private Well

Other - Specify \_\_\_\_\_  
(999)

Disinfected?  Yes  No Residual: 0.41 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  
POB 1798

SILVER CITY, NM 88062-1798

#171 590-1152

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

Date reported

Johnson

3-27-13



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. <b>9427</b>	Sample No. <b>SC130381</b>
Date Received <b>4-16-13</b>	Time Received <b>12:59</b>

**CHAIN OF CUSTODY CHRONICLE**

Sample Relinquished By: <b>MARK JOHNSON</b>	Date: <b>4/16/13</b>	Time: <b>11:29</b>
Sample Received By: <b>M. Orosco</b>	Date: <b>4-16-13</b>	Time: <b>12:59</b>
Sample Relinquished By: _____	Date: _____	Time: _____
Sample Received By: _____	Date: _____	Time: _____

**SAMPLE IDENTIFICATION**

Water Supply System Name & Population <b>PAMDWCA</b>	SLD User Code No. <b>550-00</b>
County <b>GRANT</b>	WSS Code No. <b>NM 35 106-09</b>

**LABORATORY TEST RESULTS**

DRINKING WATER:	Date Started <b>4-16-13</b>	Time Started <b>1:00</b>
Total Coliforms per 100 ml:	Date Read <b>4-17-13</b>	
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 & Certification No.
Mo Day Year <b>04 16 13</b>	<b>12:20</b>	<input checked="" type="checkbox"/> PM	<b>NM MARK JOHNSON 12753</b>
Collection Location (Please Print) <b>hosebbb #7 Rock St</b>			

**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: **0.43** 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**  
**POB 1798**  
**SILVER CITY, NM 88062**

**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**

Date reported **4-17-13**



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DWB FIELD OFFICE  
LAS CRUCES  
MICROBIOLOGICAL  
WATER REPORT

Lab No.

9427

Sample No.

SC130433

Date Received

Time Received

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: JOHNSON Date 5/7/13 Time 11:27a  
 Sample Received By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Sample Relinquished By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Sample Received By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

SAMPLE IDENTIFICATION

Water Supply System Name & Population: PAMDWCA # 200  
 SLD User Code No.: 550-010  
 County: GRANT NM 35 WSS Code No.: 106-09

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 5-7-13 Time Started 1:00  
 Total Coliforms per 100 ml: Date Read 5-8-13  
 Present  Absent   
 E Coli per 100 ml: Present  Absent

COLLECTION INFORMATION

Date Collected: Mo 05 Day 07 Year 13  
 Time Collected: 10:55 AM  
 Sampler & Certification No.: JOHNSON NM12753  
 Collection Location (Please Print): 7 Ranger St

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: 0.42 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  
POB 1798  
SILVER CITY, NM 88062

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

5-8-13



TOWN OF SILVER CITY  
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(575) 388-4981

DWB FIELD OFFICE  
LAS CRUCES  
MICROBIOLOGICAL  
WATER REPORT

Lab No. **9427**  
Sample No. **SC130546**  
Date Received **6-4-13**  
Time Received **10:41**

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Kim Johnson Date 6/4/13 Time 10:41  
Sample Received By: Chubs Date 6-4-13 Time 10:41  
Sample Relinquished By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Sample Received By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

SAMPLE IDENTIFICATION

Water Supply System Name & Population PAMDWCA 198  
County GRANT SLD User Code No. 5500-00  
NM 35 WSS Code No. 106-09

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 6-4-13 Time Started 1:00  
Total Coliforms per 100 ml: Present  Absent   
E Coli per 100 ml: Present  Absent   
Date Read 6-5-13

COLLECTION INFORMATION

Date Collected: Mo 6 Day 04 Year 13  
Time Collected:  AM 0958  PM  
Sampler & Certification No. JOHNSON NM12753  
Collection Location (Please Print) Main P. on Altos

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: 0.38 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  
POB 1798  
SILVER CITY, NM 88062  
(575) 590-1152

INVALID SAMPLE

If one of the following is checked, resample.

- TNTC Non-Coliforms  
 Confluent Growth  
 Turbid Culture

REJECTED SAMPLE

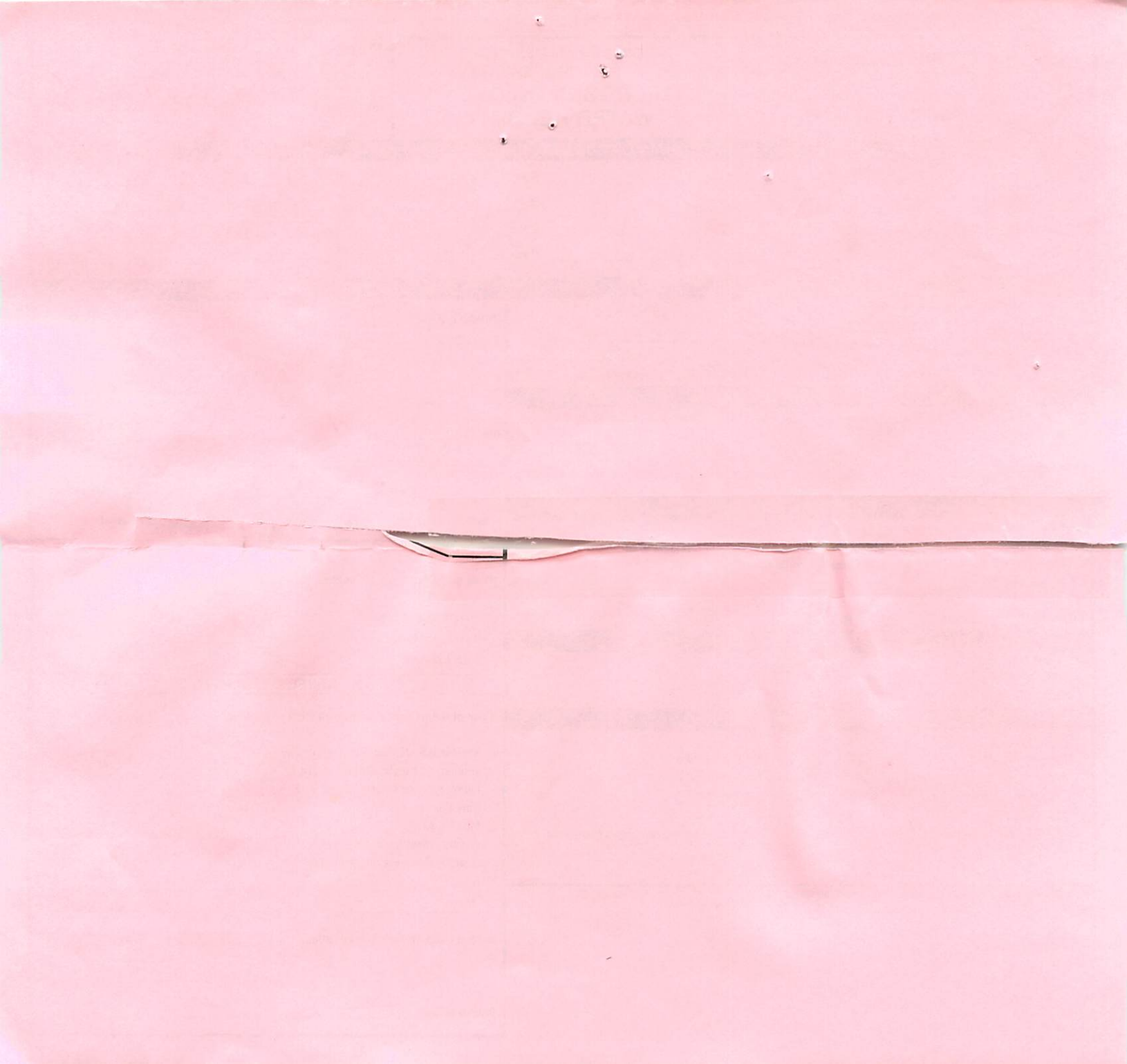
If one of the following is checked, please resample.

- 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. Dunf

Date reported 6-5-13





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. <b>9427</b>	Sample No. <b>SC 130696</b>
Date Received <b>7-9-13</b>	Time Received <b>11:53</b>

**CHAIN OF CUSTODY CHRONICLE**

Sample Relinquished By: <b>MJ</b>	Date: <b>7/9/13</b>	Time: <b>11:53A</b>
Sample Received By: <b>Chris</b>	Date: <b>7-9-13</b>	Time: <b>11:53</b>
Sample Relinquished By: _____	Date: _____	Time: _____
Sample Received By: _____	Date: _____	Time: _____

**SAMPLE IDENTIFICATION**

Water Supply System Name & Population <b>Pinus Altos MDWCA-198</b>	SLD User Code No. <b>550-00</b>
County <b>Grant</b>	WSS Code No. <b>NM 35 106-09</b>

**LABORATORY TEST RESULTS**

DRINKING WATER:	Date Started <b>7-9-13</b>	Time Started <b>1:00</b>
Total Coliforms per 100 ml:	Date Read <b>7-10-13</b>	
Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>	
E Coli per 100 ml:	Present <input type="checkbox"/>	
Other _____	Absent <input checked="" type="checkbox"/>	
Other Source Water:	Fecal Coliforms _____ per 100 ml MF <input type="checkbox"/>	

**COLLECTION INFORMATION**

Date Collected	Time Collected	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler & Certification No.
Mo Day Year <b>07 09 13</b>	<b>10:30</b>		<b>MJ NM 12753</b>
Collection Location (Please Print) <b>4898 Hwy 15</b>			

**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: **0.30** 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 (575) 590-1152**  
**POB 1798**  
**SILVER CITY, NM 88062-0178**

**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 \_\_\_\_\_

**Provisional  
Certification**

Method Used: Membrane Filtration

Analyst **Manuel Quij**

Date reported **7-10-13**



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. <b>9427</b>	Sample No. <b>SC130812</b>
Date Received <b>8-13-13</b>	Time Received <b>10:51</b>

**CHAIN OF CUSTODY CHRONICLE**

Sample Relinquished By: <b>MJ</b>	Date: <b>8/13/13</b>	Time: <b>10:50</b>
Sample Received By: <b>Chris</b>	Date: <b>8-13-13</b>	Time: <b>10:51</b>
Sample Relinquished By: _____	Date: _____	Time: _____
Sample Received By: _____	Date: _____	Time: _____

**SAMPLE IDENTIFICATION**

Water Supply System Name & Population <b>PAMDWCA 198</b>	SLD User Code No. <b>550-00</b>
County <b>GRANT</b>	WSS Code No. <b>NM 35 106-09</b>

**LABORATORY TEST RESULTS**

DRINKING WATER:	Date Started <b>8-13-13</b>	Time Started <b>1:00</b>
Total Coliforms per 100 ml:	Date Read <b>8-14-13</b>	
Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>	
E Coli per 100 ml:	Present <input type="checkbox"/>	
Other _____	Absent <input checked="" type="checkbox"/>	
Other Source Water:	Fecal Coliforms _____ per 100 ml MF <input type="checkbox"/>	

**COLLECTION INFORMATION**

Date Collected Mo Day Year <b>08 13 13</b>	Time Collected <b>10 " 00</b>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler & Certification No. <b>MJ NM 12753</b>
Collection Location (Please Print) <b>ROCK ST</b>			

**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     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**  
**POB 1798**  
**SILVER CITY, NM 88062-1798**  
**(575) 590-1152**

**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 \_\_\_\_\_

**Provisional  
Certification**

Method Used: **Membrane Filtration**

Analyst: **Manuel Ony**

Date reported: **8-14-13**





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

Lab No. <b>9427</b>	Sample No. <b>SC130905</b>
Date Received <b>9-3-13</b>	Time Received <b>10:39</b>

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Mark</u>	Date: <u>09/03/13</u>	Time: <u>10:39 A</u>
Sample Received By: <u>Chris</u>	Date: <u>9-3-13</u>	Time: <u>10:39</u>
Sample Relinquished By: _____	Date: _____	Time: _____
Sample Received By: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

Water Supply System Name & Population <u>PAMDWCA 198</u>	SLD User Code No. <u>550-00</u>
County <u>GRANT</u>	WSS Code No. <u>NM 35 106-09</u>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>9-3-13</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml:	Date Read <u>9-4-13</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 & Certification No.
Mo Day Year <u>09 03 13</u>	<u>09:55</u>	<input type="checkbox"/> PM	<u>Mark NM12753</u>
Collection Location (Please Print) <u>RANGER ST</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: 0.26 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 (575) 590-1152  
POB 1798  
SILVER CITY, NM 88062

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 \_\_\_\_\_

Provisional  
Certification

Method Used: Membrane Filtration

Analyst Chris Manno

Date reported 9-4-13



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

Lab No. <b>9427</b>	Sample No. <b>SC131076</b>
Date Received <b>10-22-13</b>	Time Received <b>10:28</b>

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Mark Johnson</u>	Date <u>10/22/13</u>	Time <u>10:58</u>
Sample Received By: <u>Chris</u>	Date <u>10-22-13</u>	Time <u>10:28</u>
Sample Relinquished By: _____	Date _____	Time _____
Sample Received By: _____	Date _____	Time _____

SAMPLE IDENTIFICATION

Water Supply System Name & Population <u>PANDWCA</u>	SLD User Code No. <u>550-00</u>
County <u>NM 35</u>	WSS Code No. <u>106-09</u>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>10-22-13</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml:	Date Read <u>10-23-13</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 _____		

COLLECTION INFORMATION

Date Collected	Time Collected	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler & Certification No. <u>NM 295</u>
Mo   Day   Year <u>10   22   13</u>	" <u>05</u>		
Collection Location (Please Print)			

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: 0.18 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)

PANDWCA  
POB 1998  
Silver City, NM 88062

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 \_\_\_\_\_

**Provisional  
Certification**

Method Used: Membrane Filtration

Analyst: Manuel Quij

Date reported: 10-23-13



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. <b>9427</b>	Sample No. <i>FE 131185</i>
Date Received <i>11-19-13</i>	Time Received <i>12:30</i>

**CHAIN OF CUSTODY CHRONICLE**

Sample Relinquished By: <i>Mark</i>	Date: <i>11/19/13</i>	Time: <i>12:30P</i>
Sample Received By: <i>Chris</i>	Date: <i>11-19-13</i>	Time: <i>12:30</i>
Sample Relinquished By: _____	Date: _____	Time: _____
Sample Received By: _____	Date: _____	Time: _____

**SAMPLE IDENTIFICATION**

Water Supply System Name & Population <i>PAMDWCA 198</i>	SLD User Code No. <i>550-00</i>
County <i>GRANT</i>	WSS Code No. <i>NM 35 106-09</i>

**LABORATORY TEST RESULTS**

DRINKING WATER:	Date Started <i>11-19-13</i>	Time Started <i>1:00</i>
Total Coliforms per 100 ml:	Date Read <i>11-20-13</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 checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler & Certification No.
<i>Mo Day Year</i> <i>11 19 13</i>	<i>11 " 20</i>		<i>Mark NM12753</i>
Collection Location (Please Print) <i>4898 Hwy 15</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: *0.38* 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) *5901152*

*PAMDWCA  
POB 1798  
Silver City, NM 88062-1798*

**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 \_\_\_\_\_

**Provisional  
Certification**

Method Used: Membrane Filtration

Analyst *Chris*

Date reported *11-20-13*





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.

SC 131266

Date Received

12-17-13

Time Received

10:45

**CHAIN OF CUSTODY CHRONICLE**

Sample Relinquished By: Mark Date 12/17/13 Time 10:45  
 Sample Received By: Chris Date 12-17-13 Time 10:45  
 Sample Relinquished By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Sample Received By: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**SAMPLE IDENTIFICATION**

Water Supply System Name & Population: PAMDWCA 198  
 County: GRANT NM 35  
 SLD User Code No. 550-00  
 WSS Code No. 106-09

**LABORATORY TEST RESULTS**

DRINKING WATER: Date Started 12-17-13 Time Started 1:00  
 Total Coliforms per 100 ml: Present  Absent   
 E Coli per 100 ml: Present  Absent   
 Other \_\_\_\_\_  
 Other Source Water: \_\_\_\_\_  
 Fecal Coliforms \_\_\_\_\_ per 100 ml MF   
 Date Read 12-18-13

**COLLECTION INFORMATION**

Date Collected: Mo 12 Day 16 Year 13  
 Time Collected: 02:45 AM  PM   
 Sampler & Certification No. MARK NM12753  
 Collection Location (Please Print) 22 MAIN ST 88053

**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: 0.36 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  
POB 1798  
SILVER CITY, NM 88062-1798  
575 590 1152

**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 \_\_\_\_\_

**Provisional  
Certification**

Method Used: Membrane Filtration

Analyst Chris

Date reported 12-18-13

