



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. SC141022
Date Received 1-14-14	Time Received 12:50

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: _____	Date 1/14/14	Time 12:50 p
Sample Received By: _____	Date 1-14-14	Time 12:50
Sample Relinquished By: _____	Date _____	Time _____
Sample Received By: _____	Date _____	Time _____

SAMPLE IDENTIFICATION

Water Supply System Name & Population PAMDWCA 198	SLD User Code No. 550-00
County GRANT NM 35	WSS Code No. 108-09

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started 1-14-14	Time Started 12:50
Total Coliforms per 100 ml:	Date Read 1-15-14	
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 Mo 01 Day 14 Year 14	Time Collected 11:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler & Certification No. Mark 12333
Collection Location (Please Print) 4598 Hwy 15		

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: **0.39** 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 _____

**Provisional
Certification**

Method Used: Membrane Filtration

Analyst **Ch...**

Date reported **1-15-14**



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No.

9427

Sample No.

SC141105

Date Received

2-11-14

Time Received

12:08

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Mark Date 2/11/14 Time 12:08
 Sample Received By: Ch-15 Date 2-11-14 Time 12:08
 Sample Relinquished By: _____ Date _____ Time _____
 Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

Water Supply System Name & Population: PAMDWCA
 County: Grant SLD User Code No. 550-00
 WSS Code No. NM 35 706-09

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 2-11-14 Time Started 1:00
 Total Coliforms per 100 ml: Present Absent
 E Coli per 100 ml: Present Absent
 Date Read 2-12-14

COLLECTION INFORMATION

Date Collected: Mo 02 Day 11 Year 14 Time Collected: 11:35 AM PM
 Sampler & Certification No. Mark NM12753
 Collection Location (Please Print) Rock 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: 0.41 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)
 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

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 _____

Provisional Certification

Method Used: Membrane Filtration

Analyst Ch-15

Date reported 2-12-14



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No. **9427**
Sample No. **SC191185**
Date Received **3-11-14**
Time Received **12:42**

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Mark Date 3/11/14 Time 12:42p
 Sample Received By: Chris Date 3-11-14 Time 12:42p
 Sample Relinquished By: _____ Date _____ Time _____
 Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 3-11-14 Time Started 1:00
 Total Coliforms per 100 ml: Date Read 3-12-14
 Present Absent
 E Coli per 100 ml: Present Absent
 Other _____
 Other Source Water: _____
 Fecal Coliforms _____ per 100 ml MF

COLLECTION INFORMATION

Date Collected: Mo 03 Day 11 Year 14
 Time Collected 12:05 AM PM
 Sampler & Certification No. Mark 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: 0.19 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)

PAMDWA
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 teting.
 Quantity too great to permit agitation.
 Other _____

**Provisional
 Certification**

Method Used: Membrane Filtration

Analyst Ching

Date reported 3-12-14



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

Lab No. 9427	Sample No. SC141166
Date Received 4-8-14	Time Received 11:52

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Mark</u>	Signature: <u>Mark Johnson</u>	Date: <u>4/8</u>	Time: <u>11:52</u>
Sample Received By: <u>Chin</u>	<u>Chin</u>	Date: <u>4-8-14</u>	Time: <u>11:52</u>
Sample Relinquished By:		Date:	Time:
Sample Received By:		Date:	Time:

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>4-8-14</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml:	Date Read <u>4-9-14</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	<u>11 10</u>	<input type="checkbox"/> PM	<u>Mark NM12753</u>
<u>04 08 14</u>	Collection Location (Please Print)	Facility Site No.	
	<u>22 Main 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: 0.39 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
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 teting.

Quantity too great to permit agitation.

Other _____

**Provisional
Certification**

Method Used: Membrane Filtration

Analyst: Chin

Date reported: 4-9-14



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

Lab No.

9427

Sample No.

SC141255

Date Received

5-13-14

Time Received

11:35

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Munk</u>	Signature <u>Munk Johnson</u>	Date <u>5/13/14</u>	Time <u>11:35</u>
Sample Received By: <u>Chris</u>	<u>Chris</u>	Date <u>5-13-14</u>	Time <u>11:35</u>
Sample Relinquished By: _____	_____	Date _____	Time _____
Sample Received By: _____	_____	Date _____	Time _____

SAMPLE IDENTIFICATION

Water Supply System Name <u>PAMDWCA</u>	SLD User Code No. <u>550-00</u>
County <u>GRANT</u>	Sampler ID No. <u>12753</u> NM 35
	WSS Code No. <u>106-09</u>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>5-13-14</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml:	Date Read <u>5-14-14</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	Sampler
Mo Day Year <u>05 13 14</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM <u>05</u>	<u>Munk</u>
Collection Location (Please Print) <u>Rock St</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: 0.44 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) 5755901152

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 _____

**Provisional
Certification**

Method Used: Membrane Filtration

Analyst Chris

Date reported 5-14-14

Missing 6/14

Mark J. knows about it

Drinking Water Analysis - Detection & Confirmation of Total Coliform and E. coli by EPA Approved MMO-MUG Method

SAMPLE IDENTIFICATION & SUBMITTAL

Shaded areas are for lab use only. Clients, please fill in all other boxes with black ink.

Sample Bottle No. AETL-LC- 1687-14	Received by: <i>[Signature]</i>	Date Received: 7-1-14	Time Received: 1910
	Processed by: <i>[Signature]</i>	Date Incubated: 7-1-14	Time Incubated: 1635
Condition Upon Receipt: <input checked="" type="checkbox"/> Intact Bottle <input type="checkbox"/> Ambient Temperature <input checked="" type="checkbox"/> Chilled/Cool Temperature <input type="checkbox"/> Sediment			Other Condition:
<input checked="" type="checkbox"/> AETL Bottle <input checked="" type="checkbox"/> Sufficient Volume <input checked="" type="checkbox"/> Chain of Custody Seal <input type="checkbox"/> Turbid			
*Water Supply System or Owner's Name PAMDWCA (Pinos Altos)		Company PAMDWCA	Contact Person JOHNSON Phone 5755901152
*PWSS Number NM35106-09		Mailing Address POB 1798	
Facility ID Number: 22 MAIN ST PINOS ALTOS/HOSE BIBB		City SILVER CITY	State NM Zip Code 88062
*Sampler (Printed Name): MARK JOHNSON		Operator/Sampler Certification No.: NM 12753	Collection Site (e.g. wellhead, outside spigot): HOSE BIBB
*Date (MM/DD/YY) Collected: 07/01/14		*Time (24 hr) Collected: 0905	NMED-DWB Field Office (To Receive Report): <input checked="" type="checkbox"/> Las Cruces <input type="checkbox"/> Albuquerque <input type="checkbox"/> Santa Fe <input type="checkbox"/> Raton
Is system chlorinated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Residual Free Conc. 0.53 mg/L	
Deliver Results Via: <input checked="" type="checkbox"/> Mail (to address above)		Fax:	E-mail: CWO@pamdwcce.org
Type of Water System (check box)		Sample Type (reason for sampling)	Source Water Type: <input type="checkbox"/> Ground <input type="checkbox"/> Surface <input type="checkbox"/> Blended <input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Population < 1000		<input checked="" type="checkbox"/> Routine Sample	If repeat: <input type="checkbox"/> Original Site <input type="checkbox"/> Upstream <input type="checkbox"/> Downstream <input type="checkbox"/> Random **Original Sample No.:
<input type="checkbox"/> Non-community		Repeat Sample** <input type="checkbox"/> Distribution <input type="checkbox"/> Source	
<input type="checkbox"/> Private well		NMED Monitoring Sample	
<input type="checkbox"/> Waste Water Treatment Plant		Special Sample <input type="checkbox"/> Distribution <input type="checkbox"/> Source	
<input type="checkbox"/> Other (specify)		Triggered Source Sample** (Ground Water Rule)	

PRINT CLEARLY

*Must be recorded at time of collection and must match information on sample bottle.

CHAIN OF CUSTODY for All PWS SAMPLES

All PWSS samples submitted must have chain of custody information below completed to be processed.

Sample was:	Printed Name	Signature**	Company/Agency/Facility	Date/Time	Seal Intact
1. Released by:	Mark Johnson	<i>[Signature]</i>	CWO@pamdwcce.org	7/1/14 0905	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Received by:	BRIAN MARTINEZ	<i>[Signature]</i>	USFS	7/1/14 10905	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Released by:	BRIAN MARTINEZ	<i>[Signature]</i>	USFS	7-1-14 1410	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Received by:				/	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Released by:				/	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Signature above verifies the condition of the sample bottle's or transport container's evidentiary seal.

TEST RESULTS

Check observed results.

TOTAL COLIFORM		<input type="checkbox"/> ABSENT <input type="checkbox"/> PRESENT	<input type="checkbox"/> SAMPLE REJECTED Please re-sample
E. coli		<input checked="" type="checkbox"/> ABSENT <input type="checkbox"/> PRESENT	
Analyst: <i>[Signature]</i>	Date Analyzed: 7-2-14	Time Analyzed: 1045	Reason:
System Notified by (If Positive Sample)	Date Notified:	Time Notified:	Positive confirmed by:
District Notified by (If Positive Sample)	Date Notified:	Time Notified:	System Contact:
Notes:			District Contact:

12695 Leasburg State Park Rd
Las Cruces, NM 88007
NM Lab # 1201

AQUA ENVIRONMENTAL TESTING LAB - LC
BAC-T REPORT

Phone: 575-526-0871
Fax: 575-526-0871
aetlab1201@centurylink.net

Drinking Water Analysis - Detection & Confirmation of Total Coliform and E. coli by EPA Approved MMO-MUG Method

SAMPLE IDENTIFICATION & SUBMITTAL			
Shaded areas are for lab use only. Clients, please fill in all other boxes with black ink.			
Sample Bottle No. AETL-LC-2096-14	Received by: <i>Trace Stovall</i>	Date Received: 8/5/14	Time Received: 1314
	Processed by: <i>CJA</i>	Date Incubated: 8-5-14	Time Incubated: 1630
Condition Upon Receipt: <input checked="" type="checkbox"/> Intact Bottle <input type="checkbox"/> Ambient Temperature <input checked="" type="checkbox"/> Chilled/Cool Temperature <input type="checkbox"/> Sediment <input type="checkbox"/> AETL Bottle <input checked="" type="checkbox"/> Sufficient Volume <input checked="" type="checkbox"/> Chain of Custody Seal <input type="checkbox"/> Turbid			Other Condition:
*Water Supply System or Owner's Name PAMDWCA (Alto)		Company PAMDWCA	Contact Person JOHNSON Phone 5755901152
*PWSS Number NM35 106-09		Mailing Address POB 1798	City Silver City State NM Zip Code 88002
Facility ID Number: 10609000	*Collection Location (specify name or physical address) 4898 HWY 15 / tub tap		Sample Location ID number: Tub Tap
*Sampler (Printed Name): MARK JOHNSON	Operator/Sampler Certification No.: NM 12753	Collection Site, (e.g. wellhead, outside spigot) Tub Tap	
*Date (MM/DD/YY) Collected: 08/05/14	*Time (24 hr) Collected: 0945	NMED-DWB Field/Office (To Receive Report): <input checked="" type="checkbox"/> Las Cruces <input type="checkbox"/> Albuquerque <input type="checkbox"/> Santa Fe <input type="checkbox"/> Raton	
Is system chlorinated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Residual Free Conc. 0.21 mg/L	E-mail: awo@pamdwca	
Deliver Results Via: <input checked="" type="checkbox"/> Mail (to address above)	Fax:	Source Water Type: awo@pamdwca	
Type of Water System (check box)	Sample Type (reason for sampling)	If repeat:	
<input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Population < 1000	<input checked="" type="checkbox"/> Routine Sample	<input type="checkbox"/> Original Site	
<input type="checkbox"/> Non-community	Repeat Sample** <input type="checkbox"/> Distribution <input type="checkbox"/> Source	<input type="checkbox"/> Upstream	
<input type="checkbox"/> Private well	NMED Monitoring Sample	<input type="checkbox"/> Downstream	
<input type="checkbox"/> Waste Water Treatment Plant	Special Sample <input type="checkbox"/> Distribution <input type="checkbox"/> Source	<input type="checkbox"/> Random	
<input type="checkbox"/> Other (specify)	Triggered Source Sample**(Ground Water Rule)	**Original Sample No.:	

PRINT CLEARLY

*Must be recorded at time of collection and must match information on sample bottle.

CHAIN OF CUSTODY for All PWS SAMPLES					
All PWSS samples submitted must have chain of custody information below completed to be processed.					
Sample was:	Printed Name	Signature**	Company/Agency/Facility	Date/Time	Seal Intact
1. Released by:	<i>Mark Johnson</i>	<i>Mark Johnson</i>	PAMDWCA	8/5/14 1015A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Received by:	<i>Christa Osborn</i>	<i>Christa Osborn</i>	USFS	8/5/14 1017	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Released by:	<i>Christa Osborn</i>	<i>Christa Osborn</i>	USFS	8/5/14 1026	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Received by:	<i>Brian Martinez</i>	<i>Brian Martinez</i>	USFS	8/5/14 1026	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Released by:	<i>Trace Stovall</i>	<i>Trace Stovall</i>	USFS	8/5/14 1314	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Signature above verifies the condition of the sample bottle's or transport container's evidentiary seal.

TEST RESULTS			
Check observed results			
TOTAL COLIFORM	<input checked="" type="checkbox"/> ABSENT	<input type="checkbox"/> PRESENT	<input type="checkbox"/> SAMPLE REJECTED Please re-sample
E. coli	<input checked="" type="checkbox"/> ABSENT	<input type="checkbox"/> PRESENT	
Analyst: <i>CJA</i>	Date Analyzed: 8-6-14	Time Analyzed: 1030	Positive confirmed by:
System Notified by: (If Positive Sample)	Date Notified:	Time Notified:	System Contact:
District Notified by: (If Positive Sample)	Date Notified:	Time Notified:	District Contact:
Notes:			



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Scanned

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

Lab No.

9427

Sample No.

5C141460

Date Received

9-23-14

Time Received

12:52

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Mary Johnson Date 9/23/14 Time 12:52
 Sample Received By: Chris Date 9-23-14 Time 12:52
 Sample Relinquished By: _____ Date _____ Time _____
 Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 9-23-14 Time Started 1:00
 Total Coliforms per 100 ml: Date Read 9-24-14
 Present Absent
 E Coli per 100 ml: Present Absent
 Other _____
 Other Source Water: _____
 Fecal Coliforms _____ per 100 ml MF

COLLECTION INFORMATION

Date Collected: Mo 09 Day 23 Year 14
 Time Collected: 11 " 30 AM PM
 Sampler & Certification No. Mary Johnson 1753
 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: 0.38 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) 575-152

PANDEWA
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 Chris

Date reported 9-24-14



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.

SLC141513

Date Received

10-14-14

Time Received

12:58

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Mark Johnson Date 10/14/14 Time 12:58
Sample Received By: Chris Date 10-14-14 Time 12:58
Sample Relinquished By: _____ Date _____ Time _____
Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 10-14-14 Time Started 1:00
Total Coliforms per 100 ml: Date Read 10-15-14
Present Absent
E Coli per 100 ml:
Present Absent
Other _____

COLLECTION INFORMATION

Date Collected: Mo 10 Day 14 Year 14 Time Collected: 12:58 AM PM
Sampler & Certification No. VM12753 M4
Collection Location (Please Print) 22 Main

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: 0.44 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) 590-1152

PAMDWCA
POB 17
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 Chris

Date reported 10-15-14

Villem

3543 N. Paseo de Sol
MSA AZ 85207

FESTIVE 14
SHIPFREE 14

Justin Jolanda Almonzo Young
@mehannah (575) 636-2057
@mehannah (575) 636-2057
@mehannah (575) 636-2057

Mark J. Brown '88

Missing
Not.



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.

SC141633

Date Received

12-9-14

Time Received

12:00

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: M. Munk Date: 12/9/14 Time: 12:00 noon
 Sample Received By: Chris Date: 12-9-14 Time: 12:00
 Sample Relinquished By: _____ Date: _____ Time: _____
 Sample Received By: _____ Date: _____ Time: _____

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 12-9-14 Time Started 1:00
 Total Coliforms per 100 ml: Date Read 12-10-14
 Present Absent
 E Coli per 100 ml: Present Absent
 Other: _____

COLLECTION INFORMATION

Date Collected: Mo 12 Day 09 Year 14
 Time Collected: 11 " 30 AM PM
 Sampler & Certification No.: Munk NM12753
 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: 0.47 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) 5755901152

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 testing.
 Quantity too great to permit agitation.
 Other _____

Method Used: Membrane Filtration

Analyst: Chris

Date reported: 12-10-14



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

DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Seamp

Lab No. 9427	Sample No. SC141022
Date Received 1-14-14	Time Received 12:50

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: _____	Date <u>1/14/14</u>	Time <u>12:50 p</u>
Sample Received By: _____	Date <u>1-14-14</u>	Time <u>12:50</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 35 108-09</u>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>1-14-14</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml:	Date Read <u>1-15-14</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 <input type="checkbox"/> PM	Sampler & Certification No.
Mo Day Year <u>0 1 14 14</u>	<u>11 20</u>		<u>Mark 12253</u>
Collection Location (Please Print) <u>4898 HWY 15</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: 0.39 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 teting.

Quantity too great to permit agitation.

Other _____

Provisional
Certification

Method Used: Membrane Filtration

Analyst Ch...

Date reported 1-15-14