



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. 5C151679
Date Received 1-6-15	Time Received 10:25

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Mark Johnson</u>	Date: <u>1/6/15</u>	Time: <u>10:25</u>
Sample Received By: <u>Chris</u>	Date: <u>1-6-15</u>	Time: <u>10:25</u>
Sample Relinquished By: _____	Date: _____	Time: _____
Sample Received By: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

Water Supply System Name & Population <u>PAMDWCA</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>1-6-15</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml:	Date Read <u>1-7-15</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>010615</u>	<u>10 25</u>		<u>MG 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: 0.50 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

5755901152

INVALID SAMPLE

If one of the following is checked, resample.

TNTC Non-Coliforms
 Confluent Growth
 Turbid Culture

REJECTED SAMPLE

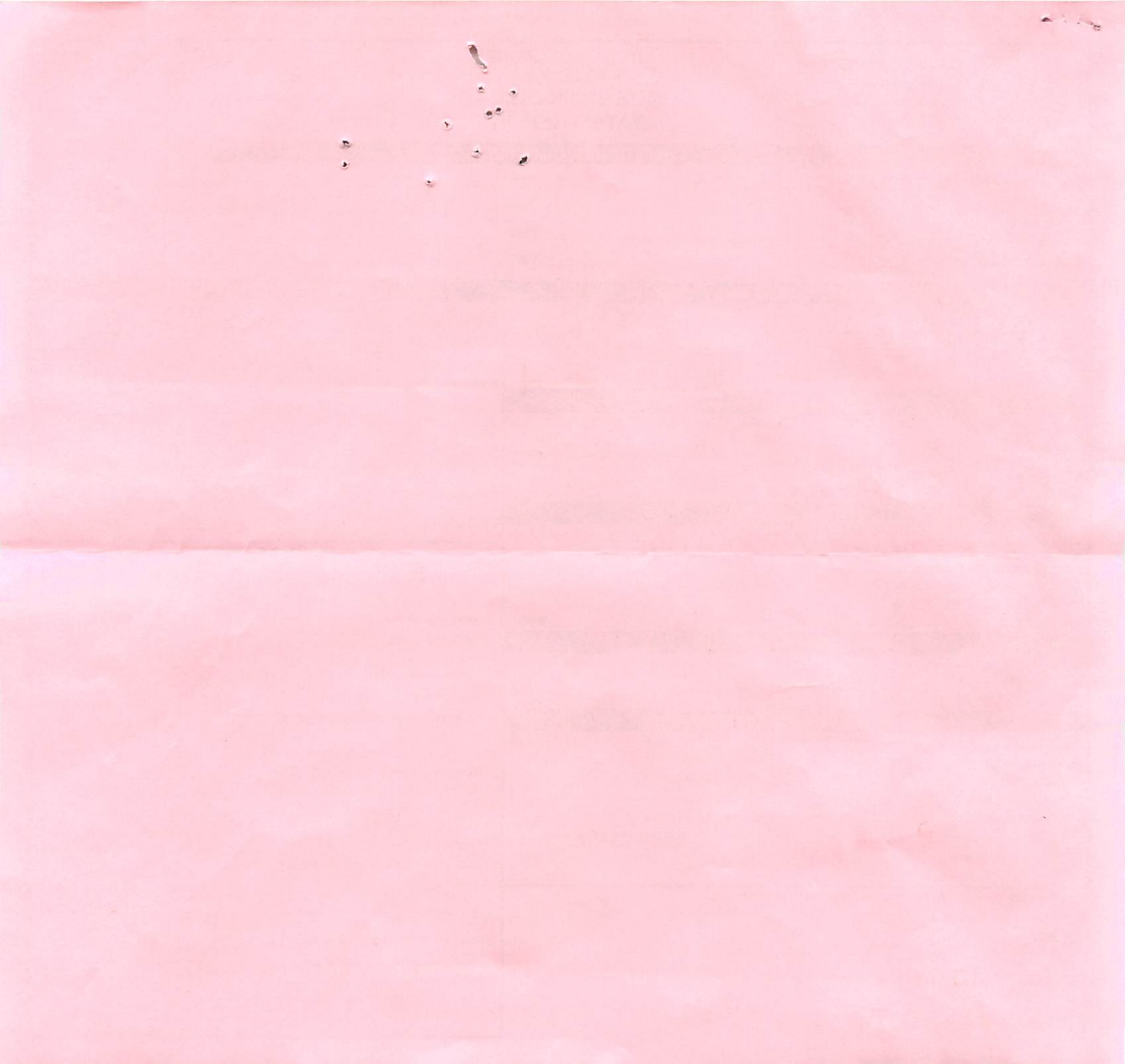
If one of the following is checked, please resample.

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 1-7-15





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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Scanned

Lab No. **9427** Sample No. **SC151760**
Date Received **2-10-15** Time Received **12:06**

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Mark</u>	Signature: <u>[Signature]</u>	Date: <u>2/10</u>	Time: <u>12:05 PM</u>
Sample Received By: <u>Chris</u>		Date: <u>2-10-15</u>	Time: <u>12:05</u>
Sample Relinquished By: _____		Date: _____	Time: _____
Sample Received By: _____		Date: _____	Time: _____

SAMPLE IDENTIFICATION

Water Supply System Name: PAMD WCA SLD User Code No. 550-00
County: Santa Fe Sampler ID No. NM12753 NM 35 WSS Code No. 106-09

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 2-10-15 Time Started 1:00
Total Coliforms per 100 ml: Date Read 2-11-15
Present Absent
E Coli per 100 ml: Present Absent
Other _____
Other Source Water: _____
Fecal Coliforms _____ per 100 ml MF

COLLECTION INFORMATION

Date Collected: Mo 02 Day 10 Year 15 Time Collected: 11:30 AM PM Sampler: Mark
Collection Location (Please Print): Thru Main St 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: 0.48 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) 590-1192

PAMD WCA
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: [Signature]

Date reported: 2-11-15



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No.

9427

Sample No.

SC151803

Date Received

3-3-15

Time Received

12:00

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Mark Date 03/03/15 Time 12:00 pm
 Sample Received By: Chris Date 3-3-15 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 Grant WSS Code No. 106-09
NM 35

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 3-3-15 Time Started 1:00
 Total Coliforms per 100 ml: Date Read 3-4-15
 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 03 Year 15
 Time Collected: 11 " 10 AM PM
 Sampler & Certification No. NM12753
 Collection Location (Please Print) 4898 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)

590-1152

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 Chris

Date reported 3-4-15



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

Lab No.

9427

Sample No.

SC 151893

Date Received

4-14-15

Time Received

11:57

CHAIN OF CUSTODY CHRONICLE

Print Sample Relinquished By: <u>Mark Johnson</u>	Signature <u>Mark Johnson</u>	Date <u>4/14</u>	Time <u>11:57</u>
Sample Received By: <u>Chavez</u>	<u>Chavez</u>	Date <u>4/15</u>	Time <u>11:57</u>
Sample Relinquished By:		Date	Time
Sample Received By:		Date	Time

SAMPLE IDENTIFICATION

Water Supply System Name <u>PAM DWCA</u>	SLD User Code No. <u>550 - 00</u>
County <u>GRANT</u>	WSS Code No. <u>106 - 09</u>
Sampler ID No. <u>NM12753</u>	NM 35

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>4-14-15</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml:	Date Read <u>4-15-15</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
Mo Day Year <u>04 14 15</u>	<u>10:50</u>		<u>mark</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: 0.43 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) 590-1152

PAM DWCA
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: Chavez

Date reported: 4-15-15



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No. 9427

Sample No. SC151934

Date Received 5-5-15

Time Received 11:39

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Mark Johnson Date 5/5 Time 11:39
 Sample Received By: Chris Date 5-5-15 Time 11:39
 Sample Relinquished By: _____ Date _____ Time _____
 Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 5-5-15 Time Started 1:00
 Total Coliforms per 100 ml: Date Read 5-6-15
 Present Absent
 E Coli per 100 ml: Present Absent
 Other _____

COLLECTION INFORMATION

Date Collected: Mo 05 Day 05 Year 15 Time Collected: 10:45 AM PM
 Sampler & Certification No. NM12753 Johnson
 Collection Location (Please Print) 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: 0.41 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) 575 590 1152

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 Chris

Date reported 5-6-15



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

Sample

Lab No.

9427

Sample No.

SC152019

Date Received

Time Received

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: M. Orso Date: 6/2/15 Time: 11:05
 Sample Received By: M. Orso Date: 6-2-15 Time: 11:05
 Sample Relinquished By: _____ Date: _____ Time: _____
 Sample Received By: _____ Date: _____ Time: _____

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 6-2-15 Time Started 1:00
 Total Coliforms per 100 ml: Date Read 6-3-15
 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 02 Year 15
 Time Collected: 10:20 AM PM
 Sampler & Certification No.: NM12753
 Collection Location (Please Print): 22 Main 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: 0-15 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
PAMPDWCA
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: Ch...

Date reported: 6-3-15



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Scanned

Lab No. 9427	Sample No. 5C132116
Date Received 7-7-15	Time Received 12:58

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>MMW</u>	Date: <u>7/7/15</u>	Time: <u>12:55 p</u>
Sample Received By: <u>Chen</u>	Date: <u>7-7-15</u>	Time: <u>12:55</u>
Sample Relinquished By: _____	Date: _____	Time: _____
Sample Received By: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

Water Supply System Name & Population <u>PAMPWCA 198</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>7-7-15</u>	Time Started <u>1:29</u>
Total Coliforms per 100 ml:	Date Read <u>7-8-15</u>	
Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>	
E Coli per 100 ml:	Present <input type="checkbox"/>	
	Absent <input checked="" type="checkbox"/>	

COLLECTION INFORMATION

Date Collected	Time Collected	<input type="checkbox"/> AM	Sampler & Certification No.
Mo Day Year <u>07 07 15</u>	<u>12:10</u>	<input checked="" type="checkbox"/> PM	<u>NM12753</u>
Collection Location (Please Print) <u>M2n 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: 0.37 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

PAMPWCA
POB 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 Chen

Date reported 7-8-15



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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.

SC152174

Date Received

8-4-15

Time Received

12:57

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Mark Date: 8/4 Time: 12:59 P
 Sample Received By: Chris Date: 8-4-15 Time: 12:58
 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.: 106-09

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 8-4-15 Time Started 1:35
 Total Coliforms per 100 ml: Date Read 8-5-15
 Present Absent
 E Coli per 100 ml: Present Absent

COLLECTION INFORMATION

Date Collected: 10 " 50 AM PM Sampler & Certification No.: M2K NM12753
 Mo Day Year
0 8 0 4 15
 Collection Location (Please Print): 4898 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: 0.34 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 testing.
 Quantity too great to permit agitation.
 Other _____

Method Used: Membrane Filtration

Analyst: oliver

Date reported: 8-5-15



TOWN OF SILVER CITY
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Silver City, New Mexico 88062
(505) 388-4981

**MICROBIOLOGICAL
WATER REPORT**

Lab No.

9427

Sample No.

SC152233

Date Received

9-1-15

Time Received

12:08

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Mark Date 9/1/15 Time 11:45 A
 Sample Received By: Chris Date 9-1-15 Time 12:08
 Sample Relinquished By: _____ Date _____ Time _____
 Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

Water Supply System Name PAMDWCA SLD User Code No. 550-00
 County Sant WSS Code No. NM 35 106-09

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 9-1-15 Time Started 1:38
 Total Coliforms per 100 ml: Date Read 9-2-15
 Present Absent
 E Coli per 100 ml: Present Absent

COLLECTION INFORMATION

Date Collected: Mo 09 Day 01 Year 15 Time Collected 10:30 AM PM
 Collected By (Please Print) NM 12753
 Collection Location (Please Print) 17 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: 0.37 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

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 9-2-15



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Sample #

Lab No. 9427	Sample No. SC 152328
Date Received 10-6-15	Time Received 12:36

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>MARC</u>	Date: <u>10/6/15</u>	Time: <u>12:36p</u>
Sample Received By: <u>Chris</u>	Date: <u>10-6-15</u>	Time: <u>12:36</u>
Sample Relinquished By: _____	Date: _____	Time: _____
Sample Received By: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>10-6-15</u>	Time Started <u>1:35</u>
Total Coliforms per 100 ml:	Date Read <u>10-7-15</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>10 06 15</u>	<u>11 55</u>		<u>MARC 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: 0.40 ppb 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 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 10-7-15



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No. **9427** Sample No. **SC152393**
Date Received **11-10-15** Time Received **12:38**

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Mark Date 11/10/15 Time 12:38
Sample Received By: Chris Date 11-10-15 Time 12:38
Sample Relinquished By: _____ Date _____ Time _____
Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 11-10-15 Time Started 11:19
Total Coliforms per 100 ml: Date Read 11/11/15
Present Absent
E Coli per 100 ml: Present Absent
Other _____
Other Source Water: _____
Fecal Coliforms _____ per 100 ml MF

COLLECTION INFORMATION

Date Collected: Mo 11 Day 10 Year 15 Time Collected 12:01 AM PM
Sampler & Certification No. Mark 12753
Collection Location (Please Print) 4898 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: 0.35 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

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 11/11/15



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.

50152467

Date Received

12-15-15

Time Received

12:46

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Mark Date 12/15/15 Time 12:46
 Sample Received By: Ch... Date 12-15-15 Time 12:46
 Sample Relinquished By: _____ Date _____ Time _____
 Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 12-15-15 Time Started 1:16
 Total Coliforms per 100 ml: Date Read 12-16-15
 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 14 Year 15
 Time Collected: 3:45 AM PM
 Sampler & Certification No.: m9 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: 0.47 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) 575 590 1152

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 Ch...

Date reported 12-16-15