



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. SC163317
Date Received 12-13-16	Time Received 11:45

CHAIN OF CUSTODY CHRONICLE

Print Sample Relinquished By: Mark	Signature Mark Johnson	Date 12/13	Time 11:45
Sample Received By: Chris	Chris	Date 12-13-16	Time 11:45
Sample Relinquished By:		Date	Time
Sample Received By:		Date	Time

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started 12-13-16	Time Started 1:30
Total Coliforms per 100 ml:	Date Read 12-14-16	
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	10 10	<input type="checkbox"/> PM	NM12753
Collection Location (Please Print)		Facility Site No.	
121316 RT0003 HW415			

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 88062

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

INVALID SAMPLE

If one of the following is checked, resample.

TNTC Non-Coliforms

Confluent Growth

Turbid Culture

Method Used: **Membrane Filtration**

Analyst: **Chris**

Date reported: **12-14-16**

TDS 189 ppm



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No.

9427

Sample No.

SC163224

Date Received

11-1-16

Time Received

12:25

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Mank</u>	Signature <u>Mank</u>	Date <u>11/1/16</u>	Time <u>12:25</u>
Sample Received By: <u>Chas</u>	Signature <u>Chas</u>	Date <u>11-1-16</u>	Time <u>12:25</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>	WSS Code No. <u>106-09</u>
Sampler ID No. <u>12753</u>	NM 35

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>11-1-16</u>	Time Started <u>1:30</u>
Total Coliforms per 100 ml:	Date Read <u>11-2-16</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		<input type="checkbox"/> PM	
<u>11 0 16</u>	<u>11 45</u>		<u>12753</u>
Collection Location (Please Print)		Facility Site No.	
<u>Main St</u>		<u>RT-002</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: 0.35 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)

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 Chas

Date reported 11-2-16



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

Lab No. **9427** Sample No. **SC163156**
Date Received **10-4-16** Time Received **12:15**

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Mark Signature Mark Johnson Date 10/4 Time 12:15
Sample Received By: Chris Date 10-4-16 Time 12:15
Sample Relinquished By: _____ Date _____ Time _____
Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

Water Supply System Name PAMDWCA SLD User Code No. 550-00
County Grant Sampler ID No. 12753 WSS Code No. 106-09
NM 35

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 10-4-16 Time Started 1:20
Total Coliforms per 100 ml: Date Read 10-5-16
Present Absent
E Coli per 100 ml: Present Absent
Other _____
Other Source Water: _____
Fecal Coliforms _____ per 100 ml MF

COLLECTION INFORMATION

Date Collected: Mo 10 Day 04 Year 16 Time Collected 11:30 AM PM Sampler 12753
Collection Location (Please Print) RT001 Ranch Facility Site No. 5

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) 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 10-5-16



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

Lab No. 9427	Sample No. SC163125
Date Received 9-20-16	Time Received 12:10

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Munk</u>	Date: <u>9/20</u>	Time: <u>12:10p</u>
Sample Received By: <u>Chris</u>	Date: <u>9-20-16</u>	Time: <u>12:10</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 35 106-04</u>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>9-20-16</u>	Time Started <u>1:11</u>
Total Coliforms per 100 ml:	Date Read <u>9-21-16</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 checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler & Certification No.
Mo Day Year <u>09 20 16</u>	<u>11:35</u>		<u>Munk NM12753</u>
Collection Location (Please Print) <u>RT004 Blake</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

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 9-21-16



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

Lab No. 9427	Sample No. SC163006
Date Received 8-2-16	Time Received 11:00

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Munk</u>	Date: <u>8/2/16</u>	Time: <u>11:00a</u>
Sample Received By: <u>Chis</u>	Date: <u>8-2-16</u>	Time: <u>11:00</u>
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 8-2-16	Time Started 1:30
Total Coliforms per 100 ml:	Date Read 8-3-16	
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 & Certification No.
Mo Day Year	" "	<input type="checkbox"/> PM	
08 02 16	10 10		NM12753
Collection Location (Please Print) RT009 IT Rock			

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**

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: Chis

Date reported: **8-3-16**



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No.

9427

Sample No.

51162952

Date Received

7-12-16

Time Received

10:55

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Munk Date 7-12-16 Time 10:55 A
 Sample Received By: Chia Date 7-12-16 Time 10:55
 Sample Relinquished By: _____ Date _____ Time _____
 Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

Water Supply System Name & Population PAMDWCA 1798 SLD User Code No. 550-00
 County Grant NM 35 WSS Code No. 106-09

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 7-12-16 Time Started 1:30
 Total Coliforms per 100 ml: Date Read 7-13-16
 Present Absent
 E Coli per 100 ml: Present Absent
 Other _____
 Other Source Water: _____
 Fecal Coliforms _____ per 100 ml MF

COLLECTION INFORMATION

Date Collected: Mo 07 Day 12 Year 16 Time Collected 9:30 AM PM Sampler & Certification No. NM12753
 Collection Location (Please Print) RT003

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: 0.52 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) 570-1152

PAMDWCA
PO B 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 Chia

Date reported 7-13-16



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No. 9427	Sample No. SC162905
Date Received 6-21-16	Time Received 12:30

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Chiv</u>	Date: <u>6/21/16</u>	Time: <u>12:30</u>
Sample Received By: <u>Chiv</u>	Date: <u>6-21-16</u>	Time: <u>12:30</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>GRANT</u>	WSS Code No. <u>NM 35 106-09</u>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>6-21-16</u>	Time Started <u>1:22</u>
Total Coliforms per 100 ml:	Date Read <u>6-22-16</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>11 " 30</u>	<input type="checkbox"/> PM	<u>NM12753</u>
<u>062116</u>	Collection Location (Please Print) <u>RT002 / 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: 0.45 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 Chiv

Date reported 6-22-16



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No.

9427

Sample No.

5C162763

Date Received

5-3-16

Time Received

10:10

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Mark Date 5/3 Time 10:10 A
 Sample Received By: Chris Date 5-3-16 Time 10:10
 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. NM 35 106-09

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 5-3-16 Time Started 1:30
 Total Coliforms per 100 ml: Date Read 5-4-16
 Present Absent
 E Coli per 100 ml: Present Absent

COLLECTION INFORMATION

Date Collected: Mo 05 Day 03 Year 16 Time Collected: AM 09:38 PM
 Sampler & Certification No. Mark/NM12757
 Collection Location (Please Print): RANGER

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) 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: 5-4-16



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Silver City, New Mexico 88062
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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No. **9427** Sample No. **SC162752**
Date Received **4-19-16** Time Received **12:40**

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Manuel Date 4/19 Time 12:40 p
Sample Received By: Chris Date 4-19-16 Time 12:40
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 4-19-16 Time Started 1:10
Total Coliforms per 100 ml: Date Read 4-20-16
Present Absent
E Coli per 100 ml: Present Absent
Other _____

COLLECTION INFORMATION

Date Collected: Mo 04 Day 19 Year 16 Time Collected 12:11 AM PM Sampler & Certification No. 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: 0.49 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) 3901152

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 _____

Method Used: Membrane Filtration

Analyst Manuel

Date reported 4-20-16



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No. 9427	Sample No. SC 162658
Date Received 3-8-16	Time Received 12:58

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Munk</u>	Date: <u>3/8</u>	Time: <u>12:58</u>
Sample Received By: <u>Ch...</u>	Date: <u>3-8-16</u>	Time: <u>12:58</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>Grant</u> NM 35	WSS Code No. <u>106-09</u>

LABORATORY TEST RESULTS

DRINKING WATER: Date Started <u>3-8-16</u>	Time Started <u>1:15</u>
Total Coliforms per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	Date Read <u>3-9-16</u>
E Coli per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>	
Other _____	

COLLECTION INFORMATION

Date Collected Mo Day Year <u>03</u> <u>08</u> <u>16</u>	Time Collected <u>10:10</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler & Certification No. <u>Munk NM12753</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: 0.44 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)

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 _____

Method Used: Membrane Filtration

Analyst Ch...

Date reported 3-9-16



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P.O. Box 1188
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(575) 388-4981

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

Lab No.

9427

Sample No.

SC162600

Date Received

2-16-16

Time Received

12:29

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Mike Date 2/16/16 Time 12:29 p
 Sample Received By: Chico Date 2-16-16 Time 12:29
 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. NM 35 106-09

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 2-16-16 Time Started 1:25
 Total Coliforms per 100 ml: Date Read 2-17-16
 Present Absent
 E Coli per 100 ml: Present Absent
 Other _____
 Other Source Water: _____
 Fecal Coliforms _____ per 100 ml MF

COLLECTION INFORMATION

Date Collected: Mo 0 Day 2 Year 16 Time Collected 11:50 AM PM
 Sampler & Certification No. my NM 12753
 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: 0.36 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) 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 Chico

Date reported 2-17-16



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.

SCR62

Date Received

1-12-16

Time Received

12:50

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Myra 12753 Date 1/12/16 Time 12:50
 Sample Received By: Chris Date 1-12-16 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 WSS Code No. 106-09
NM 35

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 1-12-16 Time Started 1:20
 Total Coliforms per 100 ml: Date Read 1-13-16
 Present Absent
 E Coli per 100 ml: Present Absent

COLLECTION INFORMATION

Date Collected: Mo 01 Day 12 Year 16
 Time Collected 12:15 AM PM
 Sampler & Certification No. NM 12753
 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: 0.24 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

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 Confluent Growth
 Turbid Culture

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If one of the following is checked, please resample.

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 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 1-13-16