



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**
 Date Received 12-30
 Sample No. SC17-157
 Time Received 12-12-17

CHAIN OF CUSTODY CHRONICLE

Print Malk Signature Malk
 Sample Relinquished By: Choo Date 12-12-17 Time 12:30
 Sample Received By: Choo Date 12-12-17 Time 12:30
 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

COLLECTION INFORMATION

Date Collected: Mo 12 Day 12 Year 17 Time Collected 11:40 AM PM
 Sampler 12753
 Collection Location (Please Print) HWY 15 Facility Site No. RT0003

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: 0.31 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 RDS=201
 Downstream Monitoring Sample
 Upstream (ED Use Only)
 Original Location Triggered Source
 Random Location ORIGINAL LAB SAMPLE NO. _____
 Triggered Source Repeat

Send Report to the following (Name, Address and Phone Number) 590-1152

PAMDWCA
POB 1798
SILVER CITY, NM 88062

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 12-12-17 Time Started 1:20
 Date Read 12-13-17
 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 _____

Method Used: Membrane Filtration

Analyst: Choo

Date reported: 12-13-17



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No. **9427**
Sample No. *SC174670*

Date Received *11-7-17*
Time Received *12:45*

CHAIN OF CUSTODY CHRONICLE

Print *Mack* Signature *Mack*
Sample Relinquished By: *Mack* Date *11/7* Time *12:45*
Sample Received By: *Ch...* Date *11-7-17* Time *12:45*
Sample Relinquished By: _____ Date _____ Time _____
Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

Water Supply System Name *PAMDWCA*
SLD User Code No. *550-00*
County *Rand* Sampler ID No. *12753* WSS Code No. *1106-09*
NM 35

COLLECTION INFORMATION

Date Collected *11/07/17* Time Collected *12:14* AM PM
Mo *11* Day *07* Year *17* Sampler *12753*
Collection Location (Please Print) *AT002 MAINST* 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: *0.27* mg/L

TESTING REQUIRED

Check One
 Total Coliforms - MF E Coli
 Other
TDS = *175*

REASON FOR SAMPLING

Check One
 Routine Sample Population < 1,000
 Repeat Sample Special Sample
 Downstream Monitoring Sample
 Upstream (ED Use Only)
 Original Location Triggered Source
 Random Location ORIGINAL LAB SAMPLE NO. _____
 Triggered Source Repeat

Send Report to the following (Names, Address and Phone Number) *590-1152*

PAMDWCA
POB 1798
SILVER CITY, NM 88062

LABORATORY TEST RESULTS

DRINKING WATER: Date Started *11-7-17* Time Started *1:20*
Date Read *11-8-17*
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 _____

Method Used: *Membrane Filtration*

Analyst *Ch...*

Date reported *11-8-17*

Scanned 10/19/17



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DWB FIELD OFFICE LAS CRUCES MICROBIOLOGICAL WATER REPORT

Lab No. **9427** Sample No. **5C174003**

Date Received **10-10-17** Time Received **10:33**

CHAIN OF CUSTODY CHRONICLE

Print _____ Signature _____

Sample Relinquished By: _____ Date **10/10/17** Time **10:33**

Sample Received By: _____ Date **10-10-17** Time **10:33**

Sample Relinquished By: _____ Date _____ Time _____

Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

Water Supply System Name **PAMDWCA** SLD User Code No. **550-000**

County **GRANT** Sampler ID No. **12753** WSS Code No. **1066-09**

Collector Information

Date	Time	AM	PM	Sampler
10/10/17	9:55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12753 Hand

Collection Location (Please Print) **RUNNER ROO 1** Facility Site No. _____

TYPE OF SYSTEM

Check One

Community Non-Community Private Well

Non-Transient Non-Community Transient Non-Community

ICE Yes No Residual: **0.33** mg/L

Disinfected? Yes No

TESTING REQUIRED

Check One

Total Coliforms - MF E Coli **TDS = 207**

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 ORIGINAL LAB SAMPLE NO. _____

Random Location

Triggered Source Repeat

Send Report to the following (Names, Address and Phone Number) **590-1152**

PAMDWCA

POB 1798

SILVER CITY, NM 88062

LABORATORY TEST RESULTS

DRINKING WATER: Date Started **10.10.17** Time Started **1:22**

Total Coliforms per 100 ml: Present Absent Date Read **10.11.17**

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 _____

Method Used: **Membrane Filtration**

Analyst: **dlw**

Date reported: **10.11.17**



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

Lab No. **9427**
 Sample No. **5C173959**
 Date Received **9-12-17**
 Time Received **11:56**

CHAIN OF CUSTODY CHRONICLE

Print _____ Signature _____
 Sample Relinquished By: _____ Date **9/12/17** Time _____
 Sample Received By: _____ Date _____ Time _____
 Sample Relinquished By: _____ Date _____ Time _____
 Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

Water Supply System Name _____ SLD User Code No. _____
 County _____ Sampler ID No. **NM 35** WSS Code No. _____
COLLECTION INFORMATION
 Date Collected _____ Time Collected _____ AM _____ PM _____
 Mo _____ Day _____ Year _____ Sampler _____
 Collection Location (Please Print) _____ 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: **0.29** 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 Triggered Source Repeat
 Random Location
 ORIGINAL LAB SAMPLE NO. _____

Send Report to the following (Names, Address and Phone Number) **590 4152**

**P.A.M.D., W.C.N.
 P.O. Box 1798
 Silver City, NM
 88062**

LABORATORY TEST RESULTS

DRINKING WATER: Date Started **9-12-17** Time Started **11:56**
 Date Read **9-13-17**
 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 _____

Method Used: Membrane Filtration

Analyst: **Chloe**

Date reported: **9.13.17**

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

Lab No. **9427**
 Date Received **8-1-17**
 Sample No. **55173837**
 Time Received **11:50**

CHAIN OF CUSTODY CHRONICLE

Print _____ Signature _____
 Sample Relinquished By: Mark Date 8/1 Time 11:50
 Sample Received By: Cheryl Date 8-1-17 Time 11:50
 Sample Relinquished By: _____ Date _____ Time _____
 Sample Received By: _____ Date _____ Time _____

SAMPLE IDENTIFICATION

Water Supply System Name PAM DWCA SLD User Code No. 550-000
 County Brewster Sampler ID No. NM12753 WSS Code No. 106-09
 NM 35
COLLECTION INFORMATION
 Date Collected: Mo 08 Day 01 Year 17 Time Collected: AM PM
 Collection Location (Please Print) RT003 HWY15 Sampler Mark
 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: 0.02 mg/L
 TDS = _____

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
 Upstream (ED Use Only)
 Original Location Triggered Source
 Random Location ORIGINAL LAB SAMPLE NO. _____
 Triggered Source Repeat

Send Report to the following (Names, Address and Phone Number) 590152
PAMDWCA
POB 1798
SILVER CITY, NM 88062

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 8-1-17 Time Started 1:20
 Date Read 8-2-17
 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 _____

Method Used: Membrane Filtration

Analyst: Cheryl

Date reported: 8-2-17



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

Lab No. **9427** Sample No. **SC173813**
Date Received **7-18-17** Time Received **11:50**

CHAIN OF CUSTODY CHRONICLE

Print **12753** Signature *[Signature]*
Sample Relinquished By: _____ Date **7/18** Time **11:50**
Sample Received By: *[Signature]* Date **7-18-17** Time **11:50**
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 NM 35** WSS Code No. **106-09**

LABORATORY TEST RESULTS

DRINKING WATER: Date Started **7-18-17** Time Started **1:26**
Total Coliforms per 100 ml: Present Absent
E Coli per 100 ml: Present Absent
Date Read **7-19-17**

COLLECTION INFORMATION

Date Collected: Mo **07** Day **18** Year **17** Time Collected **11:30** AM PM Sampler **12753**
Collection Location (Please Print) **MAIN RT0002** 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: **0.36** mg/L
TDS = 200

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
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 *[Signature]*

Date reported **7-19-17**



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

Lab No. 9427	Sample No. SC173706
Date Received 6-6-17	Time Received 12:15

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Print <u>12753</u> Signature <u>Mark Johnson</u>	Date <u>6/6/17</u> Time <u>12:15p</u>
Sample Received By: <u>Ch...</u>	Date <u>6-6-17</u> Time <u>12:18</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>Hant</u>	Sampler ID No. <u>12753</u>
	WSS Code No. <u>NM 35 106-09</u>

LABORATORY TEST RESULTS

DRINKING WATER: Date Started <u>6-6-17</u> Time Started <u>1:33</u>
Total Coliforms per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>
E Coli per 100 ml: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/>
Date Read <u>6-7-17</u>

COLLECTION INFORMATION

Date Collected Mo <u>06</u> Day <u>06</u> Year <u>17</u>	Time Collected <u>10:40</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler <u>12753</u>
Collection Location (Please Print) <u>Ranger RT001</u>		Facility Site No.	

TYPE OF SYSTEM

Check One
 Community Non-Community Private Well TDS=170
 Non-Transient Non-Community Transient Non-Community
 Other - Specify _____
 ICE Yes No
 Disinfected? Yes No Residual: 0.46 mg/L

TESTING REQUIRED

Check One
 Total Coliforms - MF 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 Ch...

Date reported 6-7-17

Scanned 5/24/17



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No. 9427	Sample No. SC173654
Date Received 5-9-17	Time Received 12:45

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Mark Johnson</u>	Signature: <u>[Signature]</u>	Date: <u>5/9</u>	Time: <u>12:45p</u>
Sample Received By: <u>Chris</u>	Signature: <u>[Signature]</u>	Date: <u>5-9-17</u>	Time: <u>12:45</u>
Sample Relinquished By: _____	Signature: _____	Date: _____	Time: _____
Sample Received By: _____	Signature: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>5-9-17</u>	Time Started <u>1:22</u>
Total Coliforms per 100 ml:	Date Read <u>5-10-17</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 Mo <u>05</u> Day <u>09</u> Year <u>17</u>	Time Collected <u>11:15</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler <u>Mark</u>
Collection Location (Please Print) <u>Rock St</u>		Facility Site No. <u>RT004</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: 0.52 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)

TDS=198 590-1152

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: [Signature]

Date reported: 5-10-17



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

Lab No.
9427

Sample No.
SC173555

Date Received
4-4-17

Time Received
12:50

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Mank</u>	Signature <u>Mank</u>	Date <u>4/4</u>	Time <u>12:50</u>
Sample Received By: <u>Brandon Mendez</u>	Signature <u>B Mendez</u>	Date <u>4-4-17</u>	Time <u>12:50</u>
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 4-4-17 Time Started 1:30
 Total Coliforms per 100 ml: Date Read 4-5-17
 Present Absent
 E Coli per 100 ml: Present Absent
 Other _____
 Other Source Water: _____
 Fecal Coliforms _____ per 100 ml MF

COLLECTION INFORMATION

Date Collected: 04/04/17 Time Collected: 11:00 AM PM
 Sampler: Mank
 Collection Location (Please Print): Hwy 15 Facility Site No.: RT0003

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 E Coli (TDS = 194)
 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

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: B. Mendez
 Date reported: 4-5-17



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

Lab No. 9427	Sample No. <i>SC 173504</i>
Date Received <i>3-7-17</i>	Time Received <i>12:30</i>

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <i>Print 12753</i>	Signature <i>Munk</i>	Date <i>3/7</i>	Time <i>12:30</i>
Sample Received By: <i>Chen</i>	<i>Chen</i>	Date <i>3-7-17</i>	Time <i>12:30</i>
Sample Relinquished By:		Date	Time
Sample Received By:		Date	Time

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <i>3-7-17</i>	Time Started <i>1:33</i>
Total Coliforms per 100 ml:	Date Read <i>3-8-17</i>	
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 Mo <i>3</i> Day <i>07</i> Year <i>17</i>	Time Collected <i>11:58</i>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler <i>Munk</i>
Collection Location (Please Print) <i>RT002 Munk St</i>		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: *0.47* 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) *575-1152*

*PAMDWCA
 POB 1798
 SILVER CITY, NM 88062*

TDS = 177

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

Scanned 3/22

Method Used: *Membrane Filtration*

Analyst *Chen*

Date reported *3-8-17*



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. SC173440
Date Received 2-7-17	Time Received 12:45

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: _____ Print: <i>Chino</i>	Signature: _____ <i>Chino</i>	Date: 2/7	Time: 12:45
Sample Received By: _____	Signature: _____	Date: 2-7-17	Time: 12:45
Sample Relinquished By: _____	Signature: _____	Date: _____	Time: _____
Sample Received By: _____	Signature: _____	Date: _____	Time: _____

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started 2-7-17	Time Started 1:30
Total Coliforms per 100 ml:	Date Read 2-8-17	
Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>	
E Coli per 100 ml:		
Present <input type="checkbox"/>	Absent <input checked="" type="checkbox"/>	
Other _____		
Other Source Water: _____		
Fecal Coliforms _____ per 100 ml MF <input type="checkbox"/>		

COLLECTION INFORMATION

Date Collected	Time Collected	<input type="checkbox"/> AM	Sampler
Mo: 02 Day: 07 Year: 17	12:10	<input checked="" type="checkbox"/> PM	<i>Chino</i>
Collection Location (Please Print) RT0001 Rancher		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: **99 TDS = 163** 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 testing.

Quantity too great to permit agitation.

Other _____

Method Used: **Membrane Filtration**

Analyst: *Chino*

Date reported: **2-8-17**



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

Lab No. **9427** Sample No. **SC173377**
Date Received **1-10-17** Time Received **12:00**

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>M. Zerk TDS 175 9.8</u>	Signature <u>[Signature]</u>	Date <u>1/10</u>	Time <u>12:00</u>
Sample Received By: <u>Chis</u>	<u>[Signature]</u>	Date <u>1-10-17</u>	Time <u>12:00</u>
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 1-10-17 Time Started 1:28
Total Coliforms per 100 ml: Present Absent
E Coli per 100 ml: Present Absent
Date Read 1-11-17

COLLECTION INFORMATION

Date Collected: Mo 01 Day 10 Year 17 Time Collected 11:20 AM PM
Sampler 12753
Collection Location (Please Print) R004 Rock 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: 0.37 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

PAMDWCA
P.O. Box 1798
SILVER CITY, NM 88062

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 _____

Method Used: Membrane Filtration

Analyst [Signature]

Date reported 1-11-17