



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

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

Lab No. 9427	Sample No. SC 2651
Date Received 12-4-18	Time Received 11:54

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: Mark (Print)	Signature: Mark	Date: 12/4	Time: 11:54
Sample Received By: Chris	Signature: Chris	Date: 12-4-18	Time: 11:54
Sample Relinquished By:		Date:	Time:
Sample Received By:		Date:	Time:

SAMPLE IDENTIFICATION

Water Supply System Name Pinos Altos MDWCA	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 12-4-18	Time Started 1:35
Total Coliforms per 100 ml:	Date Read 12-5-18	
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: 12 Day: 04 Year: 18	Time Collected 10:55 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Sampler 12753
Collection Location (Please Print) HWY 15		RT-0003

TYPE OF SYSTEM

Check One
 Community Non-Community Private Well **TDS=187**
 Non-Transient Non-Community Transient Non-Community
 Other - Specify _____
 ICE Yes No
 Disinfected? Yes No Residual: **0.30** mg/L

TESTING REQUIRED

Check One
 Total Coliforms - MF 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**

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 teting.
 Quantity too great to permit agitation.
 Other _____

Method Used: **Membrane Filtration**

Analyst: **Chris**

Date reported: **12-5-18**



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

Lab No. 9427	Sample No. SC 2067
Date Received 11-6-18	Time Received 12:40

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Munk</u>	Signature <u>Munk</u>	Date <u>11/6</u>	Time <u>12:40</u>
Sample Received By: <u>Chino</u>	Signature <u>Chino</u>	Date <u>11-6-18</u>	Time <u>12:40</u>
Sample Relinquished By:		Date	Time <u>12:40</u>
Sample Received By:		Date	Time

SAMPLE IDENTIFICATION

Water Supply System Name <u>Pinus Aliso MDWCA</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 <u>35</u>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>11-6-18</u>	Time Started <u>1:30</u>
Total Coliforms per 100 ml:	Date Read <u>11-7-18</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:		
Faecal Coliforms	per 100 ml	MF <input type="checkbox"/>

COLLECTION INFORMATION

Date Collected	Time Collected	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Sampler
Mo <u>11</u> Day <u>06</u> Year <u>18</u>	<u>11:55</u>		<u>12753</u>
Collection Location (Please Print)		RT-0002	
<u>Main St</u>			

TYPE OF SYSTEM

Check One

Community Non-Community Private Well TDS = 169

Non-Transient Non-Community Transient Non-Community

Other - Specify _____

ICE Yes No

Disinfected? Yes No Residual: 0.23 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
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 11-7-18



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

Lab No. 9427	Sample No. SC 2041
Date Received <i>10-2-18</i>	Time Received <i>10:20</i>

CHAIN OF CUSTODY CHRONICLE

Print Sample Relinquished By: <i>Mark</i>	Signature <i>Mark</i>	Date <i>10/2</i>	Time <i>10:20</i>
Sample Received By: <i>Ching</i>	<i>Ching</i>	Date <i>10-2-18</i>	Time <i>10:20</i>
Sample Relinquished By:		Date	Time
Sample Received By:		Date	Time

SAMPLE IDENTIFICATION

Water Supply System Name <i>PANDWCA Plus Altus MDWA</i>	SLD User Code No. <i>550-00</i>
County <i>GRANT</i>	Sampler ID No. <i>12753</i>
<i>NM 35</i>	WSS Code No. <i>106-09</i>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <i>10-2-18</i>	Time Started <i>1:34</i>
Total Coliforms per 100 ml:	Date Read <i>10-3-18</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>10</i> Day <i>02</i> Year <i>18</i>	Time Collected <i>45</i> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Sampler <i>12753</i>
Collection Location (Please Print) <i>RANGER</i>		<i>RT-0001</i>

TYPE OF SYSTEM

Check One <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Other - Specify _____	<input type="checkbox"/> Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Private Well
ICE Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residual: <i>0.27</i> mg/L	<i>TDS=166</i>

TESTING REQUIRED

Check One <input checked="" type="checkbox"/> Total Coliforms - MF <input type="checkbox"/> Other	<input type="checkbox"/> E Coli
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REASON FOR SAMPLING

Check One <input checked="" type="checkbox"/> Routine Sample <input type="checkbox"/> Repeat Sample <input type="checkbox"/> Downstream <input type="checkbox"/> Upstream <input type="checkbox"/> Original Location <input type="checkbox"/> Random Location <input type="checkbox"/> Triggered Source Repeat	<input type="checkbox"/> Population < 1,000 <input type="checkbox"/> Special Sample <input type="checkbox"/> Monitoring Sample (ED Use Only) <input type="checkbox"/> Triggered Source
ORIGINAL LAB SAMPLE NO.	

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

*PANDWCA
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: *Ching*

Date reported: *10-3-18*



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No. 9427	Sample No. SC 2006
Date Received 9-4-18	Time Received 12:15

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Mark</u>	Signature: <u>Mark</u>	Date: <u>9/4</u>	Time: <u>12:15</u>
Sample Received By: <u>Chris</u>	Signature: <u>Chris</u>	Date: <u>9-4-18</u>	Time: <u>12:15</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
NM 35	WSS Code No. 106-09

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started 9-4-18	Time Started 1:37
Total Coliforms per 100 ml:	Date Read 9-5-18	
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: 09 Day: 04 Year: 18	Time Collected 11:30	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sampler 12753
Collection Location (Please Print) Rock St		RT- 00004	

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: 0.11 mg/L

TESTING REQUIRED

Check One
 Total Coliforms - MF
 E Coli
 Other

REASON FOR SAMPLING

Check One
 Routine Sample
 Repeat Sample
 Downstream
 Upstream
 Original Location
 Random Location
 Triggered Source Repeat

Population < 1,000
 Special Sample
 Monitoring Sample (ED Use Only)
 Triggered Source

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: Chris

Date reported: 9-5-18



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DWB FIELD OFFICE
LAS CRUCES
MICROBIOLOGICAL
WATER REPORT

Lab No. 9427	Sample No. SC 1978
Date Received 8-7-18	Time Received 12:53

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Mark</u>	Signature: <u>Mark</u>	Date: <u>8/7</u>	Time: <u>12:53</u>
Sample Received By: <u>Chavez</u>	Signature: <u>Chavez</u>	Date: <u>8-7-18</u>	Time: <u>12:53</u>
Sample Relinquished By:		Date:	Time:
Sample Received By:		Date:	Time:

SAMPLE IDENTIFICATION

Water Supply System Name PAMDWCA	SLD User Code No.
County GRANT	Sampler ID No. NM12753 NM 35
	WSS Code No.

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started 8-7-18	Time Started 1:32
Total Coliforms per 100 ml:	Date Read 8-8-18	
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: 08 Day: 07 Year: 18	Time Collected 11:25	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler NM12753
Collection Location (Please Print) HW415		RT-003	

TYPE OF SYSTEM

Check One <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Other - Specify	<input type="checkbox"/> Private Well	TDS = 206
ICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residual: 0.39 mg/L

TESTING REQUIRED

Check One <input checked="" type="checkbox"/> Total Coliforms - MF <input type="checkbox"/> Other	<input type="checkbox"/> E Coli
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REASON FOR SAMPLING

Check One <input checked="" type="checkbox"/> Routine Sample <input type="checkbox"/> Repeat Sample <input type="checkbox"/> Downstream <input type="checkbox"/> Upstream <input type="checkbox"/> Original Location <input type="checkbox"/> Random Location <input type="checkbox"/> Triggered Source Repeat	<input type="checkbox"/> Population < 1,000 <input type="checkbox"/> Special Sample <input type="checkbox"/> Monitoring Sample (ED Use Only) <input type="checkbox"/> Triggered Source
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: Chavez

Date reported: **8-8-18**



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

Lab No. 9427	Sample No. SC 2596
Date Received 7-10-18	Time Received 12:30

CHAIN OF CUSTODY CHRONICLE

Print Sample Relinquished By: Mark Wozick	Signature Mark Wozick	Date 7/10	Time 12:30
Sample Received By: M. DRASCO	M. Drasco	Date 7/10/18	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
NM 35	WSS Code No. 106-09

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started 7-10-18	Time Started 1:30
Total Coliforms per 100 ml:	Date Read 7-11-18	
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 07 Day 10 Year 18	Time Collected 11:55	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler 12753
Collection Location (Please Print) MAIN ST		RT-002	

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
 Upstream (ED Use Only)
 Original Location Triggered Source
 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 teting.
 Quantity too great to permit agitation.
 Other _____

Method Used: Membrane Filtration

Analyst **B. Mendonca**

Date reported **7-11-18**



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

Lab No. 9427	Sample No. SC 2531
Date Received 6-12-18	Time Received 12:31

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Print</u>	Signature <u>[Signature]</u>	Date <u>6/12</u>	Time <u>12:34p</u>
Sample Received By: <u>[Signature]</u>	Signature <u>[Signature]</u>	Date <u>6-12-18</u>	Time <u>12:31</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	WSS Code No. 106-09
Sampler ID No. 12753	NM 35

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started 6-12-18	Time Started 1:20
Total Coliforms per 100 ml:	Date Read 6-13-18	
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 <u>06</u> Day <u>12</u> Year <u>18</u>	Time Collected <u>11</u> " <u>00</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler 12753
Collection Location (Please Print) Ranger		RT-001	

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: 0.51 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 **TDS = 178**

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 teting.

Quantity too great to permit agitation.

Other _____

Method Used: **Membrane Filtration**

Analyst [Signature]

Date reported 6-13-18



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

Lab No. 9427	Sample No. SC 1922
Date Received 5-1-18	Time Received 12:30

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Mark</u>	Signature: <u>Mark</u>	Date: <u>5/1/18</u>	Time: <u>12:30</u>
Sample Received By: <u>Brandon Mendoza</u>	Signature: <u>B. Mendoza</u>	Date: <u>5-1-18</u>	Time: <u>12:30</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>550-000</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>5-1-18</u>	Time Started <u>1:00</u>
Total Coliforms per 100 ml:	Date Read <u>5-2-18</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 Mo <u>05</u> Day <u>01</u> Year <u>18</u>	Time Collected <u>11:45</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Sampler <u>12753</u>
Collection Location (Please Print) <u>Rock St</u>		<u>RT-0004</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 E Coli TDS = 192
 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 teting.
 Quantity too great to permit agitation.
 Other _____

Method Used: Membrane Filtration
 Analyst: B. Mendoza
 Date reported: 5-2-18



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

Lab No. 9427	Sample No. SC 1898
Date Received 4.3.18	Time Received 11:30

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Mark 12753</u>	Signature <u>Mark</u>	Date <u>4/3</u>	Time <u>11:30</u>
Sample Received By: <u>Chris</u>	Signature <u>Chris</u>	Date <u>4.3.18</u>	Time <u>11:30</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. NM 35
	WSS Code No. <u>106-09</u>

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started <u>4.3.18</u>	Time Started <u>1:34</u>
Total Coliforms per 100 ml:	Date Read <u>4.4.18</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>04 03 18</u>	<u>9:10</u>		<u>12753</u>
Collection Location (Please Print)		RT- <u>HWY 15</u>	
<u>RT0003</u>		<u>0003</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 mg/L

TESTING REQUIRED

Check One

Total Coliforms - MF E Coli 1

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 4.4.18



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(575) 388-4981

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

Lab No. 9427	Sample No. SC 1855
Date Received 3-6-18	Time Received 12:50

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <u>Mark</u>	Signature: <u>Mark</u>	Date: <u>3/6</u>	Time: <u>12:50</u>
Sample Received By: <u>Chico</u>	Signature: <u>Chico</u>	Date: <u>3-6-18</u>	Time: <u>12:50</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>3-6-18</u>	Time Started <u>1:36</u>
Total Coliforms per 100 ml:	Date Read <u>3-7-18</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 Mo: <u>03</u> Day: <u>06</u> Year: <u>18</u>	Time Collected <u>12:25</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Sampler <u>NM12753</u>
Collection Location (Please Print) <u>RT0002 Main</u>		<u>RT-0002</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: 0.12 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)

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: Chico

Date reported: 3-7-18



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

Scanned

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

Lab No.

9427

Sample No.

SC184279

Date Received

2-6-18

Time Received

12:50

CHAIN OF CUSTODY CHRONICLE

Sample Relinquished By: <i>Mark</i>	Signature <i>Mark</i>	Date <i>2/6</i>	Time <i>12:50p</i>
Sample Received By: <i>Chris</i>	Signature <i>Chris</i>	Date <i>2-6-18</i>	Time <i>12:50</i>
Sample Relinquished By:		Date	Time
Sample Received By:		Date	Time

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER: Date Started *2-6-18* Time Started *1:38*
Total Coliforms per 100 ml: Present Absent
E Coli per 100 ml: Present Absent
Date Read *2-7-18*

COLLECTION INFORMATION

Date Collected: *02/06/18* Time Collected: *12:10* AM PM Sampler: *12753*
Collection Location (Please Print): *RT0001 Ranger St* Facility Site No.:

TYPE OF SYSTEM

Check One Community Non-Community Private Well *TDS=204*
 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 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

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 *Chris*

Date reported *2-7-18*



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. SC184215
Date Received 1-9-18	Time Received 12:37

CHAIN OF CUSTODY CHRONICLE

Print	Signature	Date	Time
Sample Relinquished By: <u>Mark</u>	<u>Mark</u>	1/9	12:37
Sample Received By: <u>Ch...</u>	<u>Ch...</u>	1-9-18	12:37
Sample Relinquished By:		Date	Time
Sample Received By:		Date	Time

SAMPLE IDENTIFICATION

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

LABORATORY TEST RESULTS

DRINKING WATER:	Date Started 1-9-18	Time Started 1:46
Total Coliforms per 100 ml:	Date Read 1-10-18	
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
Mo Day Year 01 09 18	12 05	<input checked="" type="checkbox"/> PM	12753
Collection Location (Please Print) ROCK ST		Facility Site No. RT004	

TYPE OF SYSTEM

Check One

Community Non-Community Private Well TDS = 197

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 Coll

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

5701152
Scanned
1-18

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 1-10-18