TOWN OF SILVER CITY LABORATORY. 1660 EAST FILAREE. SILVER CITY NM 88061, (575) 388-4981

Lab ID # NM9427 Test Method: SM 9223B Lab Sample ID# SCL 325

Water Supply System Name: Pines Altos MDWCA				
WSS Code No. (5 digits) NM35 00009		Chlorine Yes/No	Free: .38 mg/l	Total: ____ mg/l
Date Collected: 12/2/19	Time Collected (24 hr): 16:45			

Please circle the "Type" of sample from one of the Five selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RT 001	Location: 17 Rock St	
2. Repeat	Sample Point ID: RP ____	Location:	
	Original Lab Sample ID# ____		
3. GW Triggered Source	Source Facility ID# ____	Source Facility Name:	
	Original Lab Sample ID# ____	Sample Point ID# SP ____ 1	
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# ____	Source Facility Name:	
	Triggered Source Lab Sample ID# ____	Sample Point ID# SP ____ 1	
5. Special	Location:		

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm)	Temp. (°C):
Comments:			

Collected By (print): Michael A Chacon III	Sampler/ Operator ID# NM 62730	Phone Number: 575-746-2718	
Relinquished by (signature):		Date: 12/3/19	Time: (24 hr.) 0826
Received by name: Chris	Signature:	Date: 12/3/19	Time: (24 hr.) 0826
Relinquished by name:	Signature:	Date:	Time: (24 hr.)
Received by name:	Signature:	Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice Yes/ No	Comments:		

Test			Test Results	
Start	Date: 12-3-19	Time (24 hr) 1340	Volume Assayed: 100 ml	
Finish	Date: 12-4-19	Time (24 hr) 1340	TC (P/A)	EC (P/A)
First Analyst: Chris		Date: 12-4-19	Time (24 hr) 1340	

Pines Altos MDWCA
P.O Box 1798
Silver City, NM 88062

Send Report to following Address

TOWN OF SILVER CITY LABORATORY. 1660 EAST FILAREE. SILVER CITY NM 88061, (575) 388-4981

Lab ID # NM9427 Test Method: SM 9223B Lab Sample ID# SCL 1092

Water Supply System Name: Pines Apts MDWCA				
WSS Code No. (5 digits) NM35 L06-09		Chlorine Yes/No	Free: .55 mg/l	Total: ____mg/l
Date Collected: Nov 18 2019	Time Collected (24 hr): 17:00			

Please circle the "Type" of sample from one of the Five selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RT 004	Location: 22 Main St	
2. Repeat	Sample Point ID: RP ____	Location:	
	Original Lab Sample ID# ____		
3. GW Triggered Source	Source Facility ID# ____	Source Facility Name:	
	Original Lab Sample ID# ____	Sample Point ID# SP ____ 1	
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# ____	Source Facility Name:	
	Triggered Source Lab Sample ID# ____	Sample Point ID# SP ____ 1	
5. Special	Location:		

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm)	Temp. (°C):
Comments:			

Collected By (print): Howard A Chase III	Sampler/ Operator ID# NM 07730	Phone Number: 575 746-2718	
Relinquished by (signature):		Date: Nov 19 2019	Time: (24 hr.) 08:05
Received by name: Chase	Signature: Chase	Date: 11-14-19	Time: (24 hr.) 0805
Relinquished by name:	Signature:	Date:	Time: (24 hr.)
Received by name:	Signature:	Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice Yes/ No	Comments:		

Test		Test Results	
Start Date: 11-15-19	Time (24 hr) 1320	Volume Assayed: 100 ml	
Finish Date: 11-15-19	Time (24 hr) 1320	TC (P/A)	EC (P/A)
First Analyst: Chase	Date: 11-15-19	Time (24 hr) 1320	

Pine Apts MDWCA
PO Box 1798
Silver City, NM 88062

Send Report to following Address

TOWN OF SILVER CITY LABORATORY. 1660 EAST FILAREE. SILVER CITY NM 88061, (575) 388-4981

Lab ID # NM9427 Test Method: SM 9223B Lab Sample ID# SCL 1074 Reamed

Water Supply System Name: Pinos Altos Water Assoc				
WSS Code No. (5 digits) NM35 10609		Chlorine Yes/No	Free: .22 mg/l	Total: ____ mg/l
Date Collected: 10/8/17	Time Collected (24 hr): 1600			

Please circle the "Type" of sample from one of the Five selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RT003	Location: 4869 Hwy 15	
2. Repeat	Sample Point ID: RP ____	Location:	
	Original Lab Sample ID# ____		
3. GW Triggered Source	Source Facility ID# ____	Source Facility Name:	
	Original Lab Sample ID# ____		Sample Point ID# SP ____ 1
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# ____	Source Facility Name:	
	Triggered Source Lab Sample ID# ____		Sample Point ID# SP ____ 1
5. Special	Location:		

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm)	Temp. (°C):
Comments:			

Collected By (print): Manuel Orosco III	Sampler/ Operator ID# NM 02750	Phone Number: 575-746-3718	
Relinquished by (signature): M. O. III		Date: 10/8/17	Time: (24 hr.) 0700
Received by name: chris	Signature: chris	Date: 10-9-17	Time: (24 hr.) 0700
Relinquished by name:	Signature:	Date:	Time: (24 hr.)
Received by name:	Signature:	Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice Yes/ No	Comments:		

Test			Test Results	
Start	Date: 10-9-17	Time (24 hr) 1324	Volume Assayed: 100	ml
Finish	Date: 10-9-17	Time (24 hr) 1327	TC (P/A)	EC (P/A)
First Analyst: chris		Date: 10-9-17	Time (24 hr) 1327	

Pinos Altos Watr Assoc.
P.O Box 1798
Silver City NM 88062

Send Report to following Address

TOWN OF SILVER CITY LABORATORY. 1660 EAST FILAREE. SILVER CITY NM 88061, (575) 388-4981 Seand

Lab ID # NM9427 Test Method: SM 9223B Lab Sample ID# SCL 808

Water Supply System Name: PINOS ALTOS MDWCA				
WSS Code No. (5 digits) NM35 L0609		Chlorine Yes/No	X Free: 0.38 mg/l	Total: ____mg/l
Date Collected: 9/10/19	Time Collected (24 hr): 0950			

Please circle the "Type" of sample from one of the Five selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RT 002	Location: 7 Ranger Pinos Altos NM	
2. Repeat	Sample Point ID: RP ____	Location:	
	Original Lab Sample ID# _____		
3. GW Triggered Source	Source Facility ID# _____	Source Facility Name:	
	Original Lab Sample ID# _____	Sample Point ID# SP _____ 1	
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# _____	Source Facility Name:	
	Triggered Source Lab Sample ID# _____	Sample Point ID# SP _____ 1	
5. Special	Location:		

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm)	Temp. (°C):
Comments:			

Collected By (print): Robert W Garrett	Sampler/ Operator ID# NM 12955	Phone Number: 575 590-4309	
Relinquished by (signature): Robert W Garrett		Date: 9/10/19	Time: (24 hr.) 1615
Received by name: M. Ochoa	Signature:	Date: 9/10/19	Time: (24 hr.) 1615
Relinquished by name:	Signature:	Date:	Time: (24 hr.)
Received by name:	Signature:	Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice Yes/ No	Comments:		

Test		Test Results	
Start Date: 9-11-19	Time (24 hr) 1330	Volume Assayed: 100	ml
Finish Date: 9-11-19	Time (24 hr) 1330	TC (P/A)	EC (P/A)
First Analyst: Chi	Date: 9-11-19	Time (24 hr) 1330	

PANDWCA
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Silver City, NM 88062
Send Report to following Address

TOWN OF SILVER CITY LABORATORY. 1660 EAST FILAREE. SILVER CITY NM 88061, (575) 388-4981

Lab ID # NM9427 **Test Method:** SM 9223B **Lab Sample ID#** **SCL** 800

Water Supply System Name: Pines Altos MDWCA				
WSS Code No. (5 digits) NM35	0609	Chlorine Yes/No	Free: 0.29 mg/l	Total: ____ mg/l
Date Collected: 8/6/19	Time Collected (24 hr): 1000			

Please circle the "Type" of sample from one of the Five selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RT 001	Location: 17 Rock St	
2. Repeat	Sample Point ID: RP ____	Location:	
	Original Lab Sample ID# ____		
3. GW Triggered Source	Source Facility ID# ____	Source Facility Name:	
	Original Lab Sample ID# ____		Sample Point ID# SP ____ 1
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# ____	Source Facility Name:	
	Triggered Source Lab Sample ID# ____		Sample Point ID# SP ____ 1
5. Special	Location:		

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm)	Temp. (°C):
Comments: TDS = 218			

Collected By (print): Mark Johnson	Sampler/ Operator ID# NM 12753	Phone Number: 5901152	
Relinquished by (signature):		Date: 8/6/19	Time: (24 hr.) 1232
Received by name: Chris	Signature:	Date: 8-6-19	Time: (24 hr.) 1232
Relinquished by name:	Signature:	Date:	Time: (24 hr.)
Received by name:	Signature:	Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice Yes/ No	Comments:		

Test		Test Results	
Start Date: 8-6-19	Time (24 hr) 1332	Volume Assayed: 100 ml	
Finish Date: 8-7-19	Time (24 hr) 1332	TC (P/A)	EC (P/A)
First Analyst: Chris	Date: 8-7-19	Time (24 hr) 1332	

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POB 1798
SILVER CITY, NM 88062

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TOWN OF SILVER CITY LABORATORY. 1660 EAST FILAREE. SILVER CITY NM 88061, (575) 388-4981

Lab ID # NM9427 Test Method: SM 9223B Lab Sample ID# SCL 976

Water Supply System Name: PINOS ALTOS MDWCA				
WSS Code No. (5 digits) NM35 10609		Chlorine Yes/No	Free: 0.36 mg/l	Total: ____ mg/l
Date Collected: 7/2/19	Time Collected (24 hr): 1155			

Please circle the "Type" of sample from one of the Five selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RT 004	Location: Main St	
2. Repeat	Sample Point ID: RP ____	Location:	
	Original Lab Sample ID# ____		
3. GW Triggered Source	Source Facility ID# ____	Source Facility Name:	
	Original Lab Sample ID# ____	Sample Point ID# SP ____ 1	
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# ____	Source Facility Name:	
	Triggered Source Lab Sample ID# ____	Sample Point ID# SP ____ 1	
5. Special	Location:		

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm)	Temp. (°C):
Comments: TDS = 199			

Collected By (print): M. Johnson	Sampler/ Operator ID# NM 12753	Phone Number: 590152	
Relinquished by (signature): Mike Johnson		Date: 7/2/19	Time: (24 hr.) 1235
Received by name: Chris Signature: Chris		Date: 7.2.19	Time: (24 hr.) 1235
Relinquished by name: Signature:		Date:	Time: (24 hr.)
Received by name: Signature:		Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice Yes/ No	Comments:		

Test				Test Results		
Start	Date: 7.2.19	Time (24 hr)	1336	Volume Assayed:	100 ml	
Finish	Date: 7.3.19	Time (24 hr)	1336	TC (P/A)	EC (P/A)	Absent for E. coli
First Analyst: Chris		Date: 7.3.19		Time (24 hr)	1336	

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SILVER CITY, NM 88062

Send Report to following Address

TOWN OF SILVER CITY LABORATORY. 1660 EAST FILAREE. SILVER CITY NM 88061, (575) 388-4981

Lab ID # NM9427 Test Method: SM 9223B Lab Sample ID# SCL 810

Water Supply System Name: Pinos Alto Mutual Domestic Water Consumers Assn				
WSS Code No. (5 digits) NM35 10609		Chlorine Yes/No	Free: 0.42 mg/l	Total: ____mg/l
Date Collected: 7/9/19	Time Collected (24 hr): 1205			

Please circle the "Type" of sample from one of the Five selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RT 004	Location: 22 Main St, Pinos Alto, NM 88053	
2. Repeat	Sample Point ID: RP ____	Location:	
	Original Lab Sample ID# _____		
3. GW Triggered Source	Source Facility ID# _____	Source Facility Name:	
	Original Lab Sample ID# _____		Sample Point ID# SP _____ 1
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# _____	Source Facility Name:	
	Triggered Source Lab Sample ID# _____		Sample Point ID# SP _____ 1
5. Special	Location:		

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm)	Temp. (°C):
Comments:			

Collected By (print): Mark Johnson	Sampler/ Operator ID# NM 12753	Phone Number: 5901152	
Relinquished by (signature): Mark Johnson		Date: 7/9/19	Time: (24 hr.) 1240
Received by name: Chris	Signature: Chris	Date: 7-9-19	Time: (24 hr.) 1240
Relinquished by name:	Signature:	Date:	Time: (24 hr.)
Received by name:	Signature:	Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice Yes/ No	Comments:		

Test				Test Results	
Start	Date: 7-9-19	Time (24 hr)	1330	Volume Assayed: 100	ml
Finish	Date: 7-10-19	Time (24 hr)	1330	TC (P/A)	EC (P/A)
First Analyst: Chris		Date: 7-10-19	Time (24 hr)	1330	

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TOWN OF SILVER CITY LABORATORY. 1660 EAST FILAREE. SILVER CITY NM 88061, (575) 388-4981

Lab ID # NM9427 Test Method: SM 9223B Lab Sample ID# SCL 945

Water Supply System Name: Pine Alto MDWCA				
WSS Code No. (5 digits) NM35 06029		Chlorine Yes/No	Free: 0.74 mg/l	Total: ____ mg/l
Date Collected: 6/4/19	Time Collected (24 hr): 1030			

Please circle the "Type" of sample from one of the Five selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RT 003	Location: 4869 Hwy 15	
2. Repeat	Sample Point ID: RP ____	Location:	
	Original Lab Sample ID# ____		
3. GW Triggered Source	Source Facility ID# ____	Source Facility Name:	
	Original Lab Sample ID# ____		Sample Point ID# SP ____ 1
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# ____	Source Facility Name:	
	Triggered Source Lab Sample ID# ____		Sample Point ID# SP ____ 1
5. Special	Location:		

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm)	Temp. (°C):
Comments: TDS = 195			

Collected By (print): Matt Johnson	Sampler/ Operator ID# NM 12753	Phone Number: 5901152	
Relinquished by (signature): Matt Johnson		Date: 6-4-19	Time: (24 hr.) 1030
Received by name: Chris	Signature: Chris	Date: 6.4.19	Time: (24 hr.) 1030
Relinquished by name:	Signature:	Date:	Time: (24 hr.)
Received by name:	Signature:	Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice Yes/ No	Comments:		

Test				Test Results	
Start	Date: 6-4-19	Time (24 hr)	1325	Volume Assayed: 100 ml	
Finish	Date: 6-5-19	Time (24 hr)	1325	TC (P/A)	EC (P/A)
First Analyst: Chris		Date: 6-5-19		Time (24 hr) 1328	

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P.O. Box 1798
Silver City, NM, 88062

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SILVER CITY, NM 88062

TOWN OF SILVER CITY LABORATORY. 1660 EAST FILAREE. SILVER CITY NM 88061, (575) 388-4981

Lab ID # NM9427 Test Method: SM 9223B Lab Sample ID# SCL 781

Water Supply System Name: Pamdwca Atlas NMDWCA			
WSS Code No. (5 digits) NM35 [illegible]	Chlorine Yes/No	Free: .35 mg/l	Total: ____mg/l
Date Collected: 5/7/19	Time Collected (24 hr): 1045		

Please circle the "Type" of sample from one of the Five selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RT 002	Location: Ruger St	
2. Repeat	Sample Point ID: RP ____	Location:	
	Original Lab Sample ID# ____		
3. GW Triggered Source	Source Facility ID# ____	Source Facility Name:	
	Original Lab Sample ID# ____	Sample Point ID# SP ____ 1	
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# ____	Source Facility Name:	
	Triggered Source Lab Sample ID# ____	Sample Point ID# SP ____ 1	
5. Special	Location:		

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm)	Temp. (°C):
Comments: TDS = 194			

Collected By (print): Mark J. Lucero	Sampler/ Operator ID# NM 12753	Phone Number: 590 1152	
Relinquished by (signature): [signature]		Date: 5/7	Time: (24 hr.) 1205
Received by name: Chris	Signature: [signature]	Date: 5-7-19	Time: (24 hr.) 1205
Relinquished by name:	Signature:	Date:	Time: (24 hr.)
Received by name:	Signature:	Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice Yes/ No	Comments:		

Test				Test Results	
Start	Date: 5-7-19	Time (24 hr)	1335	Volume Assayed: 100 ml	
Finish	Date: 5-8-19	Time (24 hr)	1335	TC (P/A)	EC (P/A)
First Analyst: Chris		Date: 5-8-19		Time (24 hr) 1335	

PAMDWCA P.O. Box 1798 Silver City, NM 88062	PAMDWCA POB 1798 SILVER CITY, NM 88062
Send Report to following Address	

TOWN OF SILVER CITY LABORATORY. 1660 EAST FILAREE. SILVER CITY NM 88061, (575) 388-4981

Lab ID # NM9427 Test Method: SM 9223B Lab Sample ID# SCL 733

Water Supply System Name:	Pinos Altos MDWCA (PAMDWCA)			
WSS Code No. (5 digits) NM35 10609		Chlorine Yes/No YES	Free: 0.42 mg/l	Total: ____ mg/l
Date Collected: 4/2/19	Time Collected (24 hr): 1211			

Please circle the "Type" of sample from one of the Five selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RT 001	Location: ~~HUMBUG~~ ROCK ST	
2. Repeat	Sample Point ID: RP ____	Location:	
	Original Lab Sample ID# ____		
3. GW Triggered Source	Source Facility ID# ____	Source Facility Name:	
	Original Lab Sample ID# ____		Sample Point ID# SP ____ 1
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# ____	Source Facility Name:	
	Triggered Source Lab Sample ID# ____		Sample Point ID# SP ____ 1
5. Special	Location:		

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm) 178/300	Temp. (°C):
Comments:			

Collected By (print): Mark	Sampler/ Operator ID# NM 12753	Phone Number: 5901152	
Relinquished by (signature): Mark		Date: 4/2/19	Time: (24 hr.) 1215
Received by name: Chris	Signature: Chris	Date: 4.2.19	Time: (24 hr.) 1211
Relinquished by name:	Signature:	Date:	Time: (24 hr.)
Received by name:	Signature:	Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice Yes/ No	Comments:		

Test			Test Results	
Start	Date: 4-2-19	Time (24 hr) 1330	Volume Assayed: 100 ml	
Finish	Date: 4.3.19	Time (24 hr) 1330	TC (P/A)	EC (P/A)
First Analyst: Chris		Date: 4.3.19	Time (24 hr) 1330	

PAMDWCA
POB 1798
SILVER CITY, NM 88062

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SILVER CITY, NM 88062

TOWN OF SILVER CITY LABORATORY. 1660 EAST FILAREE. SILVER CITY NM 88061, (575) 388-4981

Lab ID # NM9427 Test Method: SM 9223B Lab Sample ID# SCL 070

Water Supply System Name: Pinos Altos MDWCA				
WSS Code No. (5 digits) NM35 10609		Chlorine Yes/No	Free: .29 mg/l	Total: ____mg/l
Date Collected: 3/5/19	Time Collected (24 hr): 1030			

Please circle the "Type" of sample from one of the Five selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RT 002	Location: Main St.	
2. Repeat	Sample Point ID: RP ____	Location:	
	Original Lab Sample ID# ____		
3. GW Triggered Source	Source Facility ID# ____	Source Facility Name:	
	Original Lab Sample ID# ____	Sample Point ID# SP ____ 1	
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# ____	Source Facility Name:	
	Triggered Source Lab Sample ID# ____	Sample Point ID# SP ____ 1	
5. Special	Location:		

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm)	Temp. (°C):
Comments: TDS = 203			

Collected By (print): Mark Johnson	Sampler/ Operator ID# NM 12753	Phone Number: 5755901152	
Relinquished by (signature): Mark		Date: 3/5/19	Time: (24 hr.) 1130
Received by name: Chris	Signature: Chris	Date: 3-5-19	Time: (24 hr.) 1110
Relinquished by name:	Signature:	Date:	Time: (24 hr.)
Received by name:	Signature:	Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice Yes/ No	Comments:		

Test			Test Results	
Start	Date: 3-5-19	Time (24 hr) 1336	Volume Assayed: 100 ml	
Finish	Date: 3-6-19	Time (24 hr) 1336	TC (P/A)	EC (P/A)
First Analyst: Chris		Date: 3-6-19	Time (24 hr) 1336	

Send Report to following Address

PAMDWCA
POB 178
SILVER CITY, NM 88062

PAMDWCA
POB 1798
SILVER CITY, NM 88062

TOWN OF SILVER CITY LABORATORY. 1660 EAST FILAREE. SILVER CITY NM 88061, (575) 388-4981

Lab ID # NM9427 Test Method: SM 9223B Lab Sample ID# SCL 031

Water Supply System Name: Pinos Altos MDWCA				
WSS Code No. (5 digits) NM35 10609		Chlorine Yes/No	Free: 0.42 mg/l	Total: ____ mg/l
Date Collected: 2/5	Time Collected (24 hr): 1050	TDS = 195		

Please circle the "Type" of sample from one of the Five selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.

1. Routine	Sample Point ID: RT001	Location: Ranger	
2. Repeat	Sample Point ID: RP ____	Location:	
	Original Lab Sample ID# _____		
3. GW Triggered Source	Source Facility ID# _____	Source Facility Name:	
	Original Lab Sample ID# _____	Sample Point ID# SP _____ 1	
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# _____	Source Facility Name:	
	Triggered Source Lab Sample ID# _____	Sample Point ID# SP _____ 1	
5. Special	Location:		

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm)	Temp. (°C):
Comments:			

Collected By (print): Mark	Sampler/ Operator ID# NM 12753	Phone Number: 590 1152	
Relinquished by (signature): Mark		Date: 2/5/19	Time: (24 hr.) 1202
Received by name: Chris	Signature: Chris	Date: 2-5-19	Time: (24 hr.) 1202
Relinquished by name:	Signature:	Date:	Time: (24 hr.)
Received by name:	Signature:	Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice Yes/ No	Comments:		

Test		Test Results	
Start Date: 2-5-19	Time (24 hr) 1333	Volume Assayed: 100 ml	
Finish Date: 2-6-19	Time (24 hr) 1333	TC (P/A) A	EC (P/A) A
First Analyst: Chris	Date: 2-6-19	Time (24 hr) 1333	

PAMDWCA
POB 1798
SILVER CITY, NM 88062

Send Report to following Address

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.	Sample No.
9427	SC 2687
Date Received	**Time Received**
1-8-A	11:40

CHAIN OF CUSTODY CHRONICLE

	Print	Signature	Date	Time
Sample Relinquished By:	Mark	Mark	1/8	11:40a
Sample Received By:	Chris	Chris	1-8-19	11:40
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
WSS Code No.: NM 35 106-09

COLLECTION INFORMATION

Date Collected: Mo 01 Day 08 Year 19
Time Collected: 14 : 00 ☑ AM ☐ PM
Sampler: Mark
Collection Location (Please Print): Rusk St
RT- 004

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

TDS = 171

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) 5901152

PAMDWCA
POB 1798
SILVER CITY, NM 88062

LABORATORY TEST RESULTS

DRINKING WATER: Date Started 1-8-19 Time Started 1:39
Date Read 1-9-19

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 teting.
☐ Quantity too great to permit agitation.
☐ Other

Method Used: Membrane Filtration

Analyst

Date reported 1-9-19