

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 328

Water Supply System Name: <u>Pinos Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>106-09</u>	Chlorine Yes/No	Free: <u>0.38</u> mg/l Total: <u> </u> mg/l
Date Collected: <u>Dec 7, 2020</u>	Time Collected (24 hr): <u>17:05</u>		

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

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

Collected By (print): <u>Manoel Orosco JA</u>	Sampler/ Operator ID# <u>NM 07730</u>	Phone Number: <u>575-313-5367</u>
Relinquished by (signature): <u>[Signature]</u>	Date: <u>Dec 8, 2020</u>	Time: (24 hr.) <u>08:46</u>
Received by name: <u>M. Orosco</u>	Signature: <u>[Signature]</u>	Date: <u>12-8-20</u> Time: (24 hr.) <u>0846</u>
Relinquished by name: <u> </u>	Signature: <u> </u>	Date: <u> </u> Time: (24 hr.) <u> </u>
Received by name: <u> </u>	Signature: <u> </u>	Date: <u> </u> Time: (24 hr.) <u> </u>

SAMPLE RECEIPT CONDITION	Temp (°C): <u> </u>	Custody Seals: Yes/ No <u> </u>	Intact: Yes/ No <u> </u>
Preservative: Ice (Yes/ No) <u> </u>	Comments: <u> </u>		

Test		Test Results	
Start	Date: <u>12/8/20</u> Time (24 hr) <u>1307</u>	Volume Assayed: <u>100</u> ml	
Finish	Date: <u>12/9/20</u> Time (24 hr) <u>1325</u>	TC (P/A) <u> </u>	EC (P/A) <u> </u>
First Analyst: <u>M Orosco</u>	Date: <u>12/9/20</u>	Time (24 hr) <u> </u>	

Pino 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 2063

Water Supply System Name: <u>Pinos Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>106-09</u>	Chlorine Yes/No	Free: <u>.71</u> mg/l Total: _____ mg/l
Date Collected: <u>Nov 23, 2020</u>	Time Collected (24 hr): <u>17:04</u>		

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.

<u>1. Routine</u>	Sample Point ID: RT <u>004</u>	Location: <u>22 Main St</u>
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): _____
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Comments: _____

Collected By (print): <u>Manny A Oroscovi</u>	Sampler/ Operator ID#	Phone Number: <u>575-313-5367</u>
Relinquished by (signature): <u>[Signature]</u>	NM <u>07730</u>	Date: <u>Nov 24, 2020</u> Time: (24 hr.) <u>08:11</u>
Received by name: <u>Chin</u>	Signature: <u>[Signature]</u>	Date: <u>11-24-20</u> Time: (24 hr.) <u>08:11</u>
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
Preservative: <u>Ice</u> Yes/ No	Comments: _____	

Test		Test Results	
Start	Date: <u>11-24-20</u> Time (24 hr) <u>13:05</u>	Volume Assayed:	<u>100</u> ml
Finish	Date: <u>11-25-20</u> Time (24 hr) <u>13:05</u>	TC (P/A)	EC (P/A)
First Analyst: <u>Chin</u>	Date: <u>11-25-20</u>	Time (24 hr)	<u>13:05</u>

Pinos 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 173

Water Supply System Name: <u>Pinos Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>106-09</u>	Chlorine Yes/No	Free: <u>0.21</u> mg/l Total: _____ mg/l
Date Collected: <u>Oct 12, 2020</u>	Time Collected (24 hr): <u>17:02</u>		

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 <u>003</u>	Location: <u>4896 Highway 15</u>
2. Repeat	Sample Point ID: RP _____	Location: _____
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): _____
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Comments: _____

Collected By (print): <u>Manuel A. Orozco III</u>	Sampler/ Operator ID#	Phone Number: <u>575-313-5367</u>
Relinquished by (signature): <u>M. Orozco III</u>	NM <u>07730</u>	Date: <u>Oct 13, 2020</u> Time: (24 hr.) <u>07:00</u>
Received by name: _____	Signature: _____	Date: _____ Time: (24 hr.) _____
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
Preservative: Ice <input checked="" type="checkbox"/> Yes/ No	Comments: _____	

Test		Test Results	
Start	Date: <u>10-13-20</u> Time (24 hr) <u>1315</u>	Volume Assayed:	<u>100</u> ml
Finish	Date: <u>10-14-20</u> Time (24 hr) <u>1315</u>	TC (P/A)	EC (P/A)
First Analyst: <u>Chau</u>	Date: <u>10-14-20</u>	Time (24 hr)	<u>1315</u>

<p><u>Pino Altos MDWCA</u> <u>P.O. Box 1798</u> <u>Silver City, NM 88062</u></p> <p>Send Report to following Address</p>
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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 327

Water Supply System Name: <u>Pinos Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>10609</u>	Chlorine Yes/No	Free: <u>0.57</u> mg/l Total: _____ mg/l
Date Collected: <u>Sept 1, 2020</u>	Time Collected (24 hr): <u>11:59</u>		

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.

<u>1. Routine</u>	Sample Point ID: RT <u>002</u>	Location: <u>7 Ranger St</u>
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): _____
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Comments: _____

Collected By (print): <u>Manny A Orasco III</u>	Sampler/ Operator ID#	Phone Number: <u>575-746-2718</u>
Relinquished by (signature): <u>[Signature]</u>	NM <u>07730</u>	Date: <u>9/1/20</u> Time: (24 hr.) <u>12:46</u>
Received by name: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Date: <u>9-1-20</u> Time: (24 hr.) <u>1246</u>
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
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Preservative: (ice Yes/No)	Comments: _____
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Test		Test Results	
Start	Date: <u>9-1-20</u> Time (24 hr) <u>1337</u>	Volume Assayed:	<u>100</u> ml
Finish	Date: <u>9-2-20</u> Time (24 hr) <u>1333</u>	TC (P/A)	EC (P/A)
First Analyst: <u>Chin</u>	Date: <u>9-2-20</u> Time (24 hr) <u>1333</u>		

<p>Pinos Altos MDWCA P.O. Box 1798 Silver City, NM 88062</p> <p>Send Report to following Address</p>
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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 1749

Water Supply System Name: Pinos Altos MDWCA

WSS Code No. (5 digits) NM35 106-09 Chlorine Yes/No Free: 0.37 mg/l Total: mg/l

Date Collected: August 20, 2010 Time Collected (24 hr): 10:52

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 011	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): Manny A. Orosco III	Sampler/ Operator ID#	Phone Number: 575-313-5367
Relinquished by (signature):	NM 07730	Date: Aug 11, 2010 Time: (24 hr.) 08:11
Received by name: Chin	Signature:	Date: 8-11-20 Time: (24 hr.) 0811
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: 8-11-20 Time (24 hr) 10:52	Volume Assayed:	60 ml
Finish	Date: 8-12-20 Time (24 hr) 11:30	TC (P/A)	EC (P/A)
First Analyst:	Date: 8-12-20	Time (24 hr)	11:30

Pinos 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 2011

Water Supply System Name: <u>Pinas Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>016-09</u>	Chlorine Yes/No	Free: <u>.33</u> mg/l Total: <u> </u> mg/l
Date Collected: <u>07/20/20</u>	Time Collected (24 hr): <u>17:35</u>		

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 <u>004</u>	Location: <u>82 Main St</u>
2. Repeat	Sample Point ID: RP <u> </u>	Location: <u> </u>
3. GW Triggered Source	Source Facility ID# <u> </u>	Source Facility Name: <u> </u>
	Original Lab Sample ID# <u> </u>	Sample Point ID# SP <u> </u> 1
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# <u> </u>	Source Facility Name: <u> </u>
	Triggered Source Lab Sample ID# <u> </u>	Sample Point ID# SP <u> </u> 1
5. Special	Location: <u> </u>	

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

Collected By (print): <u>Manly A. DeRosier III</u>	Sampler/ Operator ID# <u>NM 7730</u>	Phone Number: <u>575.740.8718</u>
Relinquished by (signature): <u>[Signature]</u>	Date: <u>July 21, 2020</u>	Time: (24 hr.) <u>08:05</u>
Received by name: <u>Chris</u>	Signature: <u>[Signature]</u>	Date: <u>7-21-20</u>
Relinquished by name: <u> </u>	Signature: <u> </u>	Time: (24 hr.) <u>6905</u>
Received by name: <u> </u>	Signature: <u> </u>	Date: <u> </u>
Relinquished by name: <u> </u>	Signature: <u> </u>	Time: (24 hr.) <u> </u>

SAMPLE RECEIPT CONDITION	Temp (°C): <u> </u>	Custody Seals: Yes/ No <u> </u>	Intact: Yes/ No <u> </u>
Preservative: <u>Ice</u> Yes/ No	Comments: <u> </u>		

Test		Test Results	
Start	Date: <u>7-21-20</u> Time (24 hr) <u>1310</u>	Volume Assayed:	<u>100</u> ml
Finish	Date: <u>7-22-20</u> Time (24 hr) <u>1310</u>	TC (P/A)	EC (P/A)
First Analyst: <u>Chris</u>	Date: <u>7-22-20</u>	Time (24 hr)	<u>1310</u>

PINO 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 1748**

Water Supply System Name: **Pinos Altos MDWCA**

WSS Code No. (5 digits) **NM35 166-09** Chlorine (Yes/No) **Yes** Free: **.43** mg/l Total: mg/l

Date Collected: **June 1, 2020** Time Collected (24 hr): **18:16**

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 Highway 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 A. DRISCOLL III	Sampler/ Operator ID# 	Phone Number: 575-746-8718
Relinquished by (signature): [Signature]	NM 67730	Date: June 2, 2020 Time: (24 hr.) 08:40
Received by name: Chris	Signature: [Signature]	Date: 6-2-20 Time: (24 hr.) 0840
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: 6-2-20 Time (24 hr) 1335	Volume Assayed:	100 ml
Finish	Date: 6-3-20 Time (24 hr) 1335	TC (P/A)	EC (P/A)
First Analyst:	Chris Date: 6-3-20 Time (24 hr) 1335		

Pinos 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 326**

Water Supply System Name: **Pino Alto MDWCA**

WSS Code No. (5 digits) **NM35 10619** Chlorine Yes/No Free: **0.40** mg/l Total: mg/l

Date Collected: **May 4, 2020** Time Collected (24 hr):

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 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): Mary A Corosca	Sampler/ Operator ID# NM 07730	Phone Number: 575-746-2718
Relinquished by (signature): [Signature]	NM 07730	Date: May 5, 2020 Time: (24 hr.) 8:34
Received by name: [Signature]	Signature: [Signature]	Date: 5-5-20 Time: (24 hr.) 8:34
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: 5-5-20 Time (24 hr) 1335	Volume Assayed:	100 ml
Finish	Date: 5-6-20 Time (24 hr) 1335	TC (P/A)	EC (P/A)
First Analyst:	Chin Date: 5-6-20 Time (24 hr) 1335		

**Pino Alto 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 1738

Water Supply System Name: <u>Pino Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>166-09</u>	Chlorine Yes/No	Free: <u>.37</u> mg/l Total: <u> </u> mg/l
Date Collected: <u>4-13-20</u>	Time Collected (24 hr): <u>17:18</u>		

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

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

Collected By (print): <u>Manuel A. Orisela III</u>	Sampler/ Operator ID# <u>NM 17730</u>	Phone Number: <u>575-746-2718</u>
Relinquished by (signature): <u>[Signature]</u>	Date: <u>4-14-20</u>	Time: (24 hr.) <u>08:31</u>
Received by name: <u>[Signature]</u>	Date: <u>4-14-20</u>	Time: (24 hr.) <u>08:31</u>
Relinquished by name: <u> </u>	Date: <u> </u>	Time: (24 hr.) <u> </u>
Received by name: <u> </u>	Date: <u> </u>	Time: (24 hr.) <u> </u>

SAMPLE RECEIPT CONDITION	Temp (°C): <u> </u>	Custody Seals: Yes/ No <u> </u>	Intact: Yes/ No <u> </u>
Preservative: Ice Yes/ No <u> </u>	Comments: <u> </u>		

Test		Test Results	
Start Date: <u>4-13-20</u>	Time (24 hr) <u>1820</u>	Volume Assayed: <u>100</u> ml	
Finish Date: <u>4-13-20</u>	Time (24 hr) <u>1820</u>	TC (P/A) <u> </u>	EC (P/A) <u> </u>
First Analyst: <u>[Signature]</u>	Date: <u>4-13-20</u>	Time (24 hr) <u>1820</u>	

Pino 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 1739

Water Supply System Name: Pinos Altos MDWCA

WSS Code No. (5 digits) NM35 106-09 Chlorine Yes/No Free: 35 mg/l Total: mg/l

Date Collected: 3/9/20 Time Collected (24 hr): 7:00

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

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

Comments:

Collected By (print): Manuel A. Orozco Jr Sampler/ Operator ID# NM 07730 Phone Number: 575-746-2718

Relinquished by (signature): [Signature] Date: 3/10/20 Time: (24 hr.) 0930

Received by name: [Signature] Signature: [Signature] Date: 3-10-20 Time: (24 hr.) 0930

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: <u>3-10-20</u>	Time (24 hr) <u>1324</u>	Volume Assayed:	<u>100</u> ml
Finish	Date: <u>3-11-20</u>	Time (24 hr) <u>1320</u>	TC (P/A)	EC (P/A)
First Analyst:	<u>[Signature]</u>	Date: <u>3-11-20</u>	Time (24 hr)	<u>1320</u>

Send Report to following Address

Pinos Altos MDWCA
P.O. Box 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 1732

Water Supply System Name: <u>Pino Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>106-09</u>	Chlorine Yes/No	Free: <u>.45</u> mg/l Total: <u> </u> mg/l
Date Collected: <u>8/24/20</u>	Time Collected (24 hr): <u>11:35</u>		

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.

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

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

Collected By (print): <u>Harvey A. Deasico III</u>	Sampler/ Operator ID# <u>NM 07730</u>	Phone Number: <u>575-746-2718</u>
Relinquished by (signature): <u>[Signature]</u>	Date: <u>8/25/20</u>	Time: (24 hr.) <u>8:30</u>
Received by name: <u>Chin</u>	Signature: <u>[Signature]</u>	Date: <u>7-26-20</u> Time: (24 hr.) <u>0830</u>
Relinquished by name: <u> </u>	Signature: <u> </u>	Date: <u> </u> Time: (24 hr.) <u> </u>
Received by name: <u> </u>	Signature: <u> </u>	Date: <u> </u> Time: (24 hr.) <u> </u>

SAMPLE RECEIPT CONDITION	Temp (°C): <u> </u>	Custody Seals: Yes/ No <u> </u>	Intact: Yes/ No <u> </u>
Preservative: Ice Yes/ No <u> </u>	Comments: <u> </u>		

Test		Test Results	
Start	Date: <u>7-25-20</u> Time (24 hr) <u>1320</u>	Volume Assayed:	<u>100</u> ml
Finish	Date: <u>7-26-20</u> Time (24 hr) <u>1320</u>	TC (P/A)	EC (P/A)
First Analyst:	<u>Chin</u> Date: <u>7-26-20</u> Time (24 hr) <u>1320</u>		

PINO ALTOS MDWCA
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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 1703

Water Supply System Name: Pinos Altos MDWCA				
WSS Code No. (5 digits)	NM35 166-09	Chlorine Yes/No	Free: 21 mg/l	Total: mg/l
Date Collected: 1/27/20	Time Collected (24 hr): 17:20			

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	Location:
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):
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Comments:

Collected By (print): <i>Shawn A. Dunsen</i>	Sampler/ Operator ID#	Phone Number: 575-746-2718
Relinquished by (signature): <i>[Signature]</i>	NM 07730	Date: 1-29-20 Time: (24 hr.) 09:38
Received by name: <i>Chris</i>	Signature: <i>[Signature]</i>	Date: 1-29-20 Time: (24 hr.) 09:38
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
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Preservative: Ice Yes/ No	Comments:
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Test		Test Results	
Start Date: 1-29-20	Time (24 hr) 1312	Volume Assayed: 100 ml	
Finish Date: 1-29-20	Time (24 hr) 1312	TC (P/A)	EC (P/A)
First Analyst: <i>[Signature]</i>	Date: 1-29-20	Time (24 hr) 1312	

Pinos Altos MDWCA PO Box 1798 Silver City, NM 88062 Send Report to following Address	
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