

Scientific Laboratory Division  
1101 Camino de Salud, N.E.  
Albuquerque, NM 87102  
(505) 383-9000

EPA: 141001-2017



LIMS Report #: 1264387

Request Id:

2545387

WSS: STARK-LANE, SHAY  
PINOS ALTOS MDWCA  
4774 HWY 15 #3  
PINOS ALTOS, NM 88053

WSS Code:

NM3510609

Collector:

MANUEL OROSCO 07730

User Code:

55001

CC Recipient(s): NMED Central Files

Sample Location:

4869 NM 15

Sampling Point ID:

HAA5-IND

Facility ID:

10609000

COC Initiated:

Yes

Condition of Seal:

Present & Intact

Sampling Documentation

COMPLIANCE

Sample #: 2021122206

Date Collected: 6/1/2021 8:15

Sample Type: Water

Date Received: 6/2/2021 17:00

Date Reported: 7/2/2021

Temp at Receipt (deg C): 6.9

Sample Note:

Lab: DBP

EPA 552.2 SDWA Haloacetic Acids (HAA5)

pH in lab: 7

Extraction Date: 6/7/2021 10:10

CAS#	FRDS#	Analysis Date: 06/11/2021 01:47	Result	Units	MRL	MCL	Analyst initials	Data Qualifier
79-11-8	2450	Monochloroacetic Acid (MCAA)	<0.90	µg/L	0.90	60	LM	U
79-08-3	2453	Monobromoacetic Acid (MBAA)	<0.70	µg/L	0.70	60	LM	U
79-43-6	2451	Dichloroacetic Acid (DCAA)	0.75	µg/L	0.45	60	LM	
76-03-9	2452	Trichloroacetic Acid (TCAA)	<0.25	µg/L	0.25	60	LM	U
631-64-1	2454	Dibromoacetic Acid (DBAA)	1.6	µg/L	0.25	60	LM	
	2456	Total Haloacetic Acids (HAA5)	2.4	µg/L	0.50	60		

Final

**Definitions**

- MRL** - Minimum Reporting Limit (lowest concentration that can be reported).
- MDL** - Method Detection Limit (lowest concentration that is differentiated from zero with 99% confidence)..
- MCL** - USEPA Maximum Contamination Level for SDWA regulated analytes and parameters.
- SDL** - Sample Detection Limit (Dilution Factor x MDL (organics) or Dilution Factor x MRL (inorganics)).

**Units**

- mg/L** - milligrams of analyte in a liter of water.
- µg/L** - micrograms of analyte in a liter of water.
- mg/kg** - milligrams of analyte in a kilogram of soil, sediment, or solid.
- µg/kg** - micrograms of analyte in a kilogram of soil, sediment, or solid.
- ppbv** - parts per billion by volume air.

**Data Qualifier Codes**

- |   |   |
|---|---|
| <b>A</b> - See note/comments.   | <b>L</b> - Regulated parameter value equals or exceeds the EPA SDWA Maximum Contamination Level.    |
| <b>B</b> - Analyte was detected in the laboratory blank.  | <b>M</b> - Regulated parameter value equals or exceeds the EPA SDWA Action Level.                   |
| <b>C</b> - Spike recovery is within method acceptance limits.   | <b>N</b> - Insufficient sample to verify results.   |
| <b>D</b> - Spike recovery is not within method acceptance limits.   | <b>O</b> - Method internal standard(s) not within method acceptance limits when analyzed undiluted. |
| <b>E</b> - Analyte value exceeded calibration range.  | <b>P</b> - Sample rejected/voided at laboratory.  |
| <b>F</b> - Sample matrix interference suspected.  | <b>Q</b> - Sample submitted to laboratory past holding time.  |
| <b>H</b> - Sample was analyzed in duplicate.  | <b>S</b> - Relative percent difference between duplicates greater than 10% (waters).                |
| <b>I</b> - Sample was analyzed in triplicate.   | <b>T</b> - Relative percent difference between duplicates greater than 30% (soils).                 |
| <b>J</b> - The analyte was positively identified; the associated numerical value is the approximate concentration of the analyte in the sample. | <b>U</b> - Analyte was not detected in this sample above the method's sample detection limit.       |
| <b>K</b> - Holding time was exceeded at laboratory.   |   |

**Final**

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 2173**

Water Supply System Name: <b>Pinos Altos MDWCA</b>			
WSS Code No. (5 digits)	NM35 <b>10609</b>	Chlorine Yes/No	Free: <b>.61</b> mg/l Total: <b>    </b> mg/l
Date Collected: <b>12/6/2021</b>	Time Collected (24 hr): <b>17:04</b>		

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.

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

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

Collected By (print): <b>Manuel A. Orozco Jr</b>	Sampler/ Operator ID# <b>NM 07736</b>	Phone Number: <b>575-383-5367</b>
Relinquished by (signature): <b>[Signature]</b>	Date: <b>Dec 7, 2021</b>	Time: (24 hr.) <b>1:00</b>
Received by name: <b>M. Orosco</b>	Signature: <b>[Signature]</b>	Date: <b>12/7/21</b>
Relinquished by name: <b>    </b>	Signature: <b>    </b>	Date: <b>    </b>
Received by name: <b>    </b>	Signature: <b>    </b>	Date: <b>    </b>

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

Test		Test Results	
Start	Date: <b>12-7-21</b> Time (24 hr) <b>1335</b>	Volume Assayed:	<b>100 ml</b>
Finish	Date: <b>12-8-21</b> Time (24 hr) <b>1335</b>	TC (P/A)	EC (P/A)
First Analyst: <b>Chavis</b>	Date: <b>12-8-21</b>	Time (24 hr)	<b>1335</b>

**Pino Altos MDWCA  
P.O. Box 1798  
Silver City, NM 88061**

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 2175**

Water Supply System Name: <b>Pinos Altos MDUCA</b>			
WSS Code No. (5 digits)	<b>NM35 1016-09</b>	Chlorine Yes/No	Free: <b>.04</b> mg/l Total: <b>    </b> mg/l
Date Collected: <b>Nov 1, 2021</b>	Time Collected (24 hr): <b>    </b>		

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.

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

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

Collected By (print): <b>Yannick Grosche</b>	Sampler/ Operator ID# <b>NM 07930</b>	Phone Number: <b>575-740-2718</b>
Relinquished by (signature): <b>[Signature]</b>	Date: <b>Nov 2021</b>	Time: (24 hr.) <b>09:30</b>
Received by name: <b>Ch...</b>	Signature: <b>[Signature]</b>	Date: <b>11-2-21</b> Time: (24 hr.) <b>0980</b>
Relinquished by name: <b>    </b>	Signature: <b>    </b>	Date: <b>    </b> Time: (24 hr.) <b>    </b>
Received by name: <b>    </b>	Signature: <b>    </b>	Date: <b>    </b> Time: (24 hr.) <b>    </b>
<b>SAMPLE RECEIPT CONDITION</b>	Temp (°C): <b>    </b>	Custody Seals: Yes/ No <b>    </b>
Preservative: (Ice) Yes/ No <b>    </b>	Comments: <b>    </b>	

Test		Test Results	
Start	Date: <b>11-2-21</b> Time (24 hr) <b>1330</b>	Volume Assayed:	<b>100</b> ml
Finish	Date: <b>11-3-21</b> Time (24 hr) <b>1330</b>	TC (P/A)	EC (P/A)
First Analyst: <b>Ch...</b>	Date: <b>11-3-21</b>	Time (24 hr)	<b>1330</b>

**Pinos Altos MDUCA**  
**P.O. Box 1798**  
**Silver City, NM 88061**  
 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 2178**

Water Supply System Name: <b>Pinos Altos MDWCA</b>			
WSS Code No. (5 digits)	NM35 <b>106-09</b>	Chlorine Yes/No	Free: <b>0.38</b> mg/l Total: <b>    </b> mg/l
Date Collected: <b>10/4/2021</b>	Time Collected (24 hr): <b>16:04</b>		

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.

<input checked="" type="radio"/> Routine	Sample Point ID: RT <b>003</b>	Location: <b>48916 Highway 15</b>
<input type="radio"/> 2. Repeat	Sample Point ID: RP <b>    </b>	Location: <b>    </b>
<input type="radio"/> 3. GW Triggered Source	Source Facility ID# <b>    </b>	Source Facility Name: <b>    </b>
<input type="radio"/> 4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# <b>    </b>	Source Facility Name: <b>    </b>
<input type="radio"/> 5. Special	Location: <b>    </b>	

FIELD SAMPLE DATA & REMARKS	pH: <b>    </b>	Conductivity (µS/cm): <b>    </b>
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Comments:

Collected By (print): <b>Manuel A. Orsola</b>	Sampler/ Operator ID#	Phone Number: <b>575-313-5367</b>
Relinquished by (signature): <b>M. Orsola</b>	NM <b>07330</b>	Date: <b>10/5/21</b> Time: (24 hr.) <b>09:13</b>
Received by name: <b>M. Orsola</b>	Signature: <b>M. Orsola</b>	Date: <b>10/5/21</b> Time: (24 hr.) <b>09:13</b>
Relinquished by name:	Signature:	Date: Time: (24 hr.)
Received by name:	Signature:	Date: Time: (24 hr.)

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

Test		Test Results	
Start	Date: <b>10.5.21</b> Time (24 hr) <b>1335</b>	Volume Assayed:	<b>100</b> ml
Finish	Date: <b>10.6.21</b> Time (24 hr) <b>1335</b>	TC (P/A)	EC (P/A)
First Analyst:	<b>ch.</b> Date: <b>10.6.21</b>	Time (24 hr)	<b>1335</b>

**Pino Altos MDWCA**  
**P.O. Box 1798**  
**Silver City, NM 88062**  
 Send Report to following Address

LABORATORY REPORT

Handwritten notes and a large table with multiple columns and rows, containing various data points and calculations.

Item No. 1000

Continuation of handwritten notes and a table, including a section titled 'RESULTS' and a 'CONCLUSION' section at the bottom.

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 2177**

Water Supply System Name: <b>Pinos Altos MDWCA</b>			
WSS Code No. (5 digits)	NM35 <b>106-09</b>	Chlorine Yes/No	Free: <b>0.36</b> mg/l Total: _____ mg/l
Date Collected: <b>9/13/2021</b>	Time Collected (24 hr): <b>16:00</b>		

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.

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

<b>FIELD SAMPLE DATA &amp; REMARKS</b>	pH: _____	Conductivity (µS/cm) _____	Temp. (°C): _____
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Comments: \_\_\_\_\_

Collected By (print): <b>Manuel d Orosco III</b>	Sampler/ Operator ID#	Phone Number: <b>575-740-2118</b>
Relinquished by (signature): <b>[Signature]</b>	NM <b>07730</b>	Date: <b>9/14/2021</b> Time: (24 hr.) <b>09:03</b>
Received by name: <b>Chris</b>	Signature: <b>[Signature]</b>	Date: <b>9-14-21</b> Time: (24 hr.) <b>0903</b>
Relinquished by name:	Signature:	Date: Time: (24 hr.)
Received by name:	Signature:	Date: Time: (24 hr.)

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

Test		Test Results	
Start	Date: <b>9-14-21</b> Time (24 hr) <b>1320</b>	Volume Assayed:	<b>100</b> ml
Finish	Date: <b>9-15-21</b> Time (24 hr) <b>1320</b>	TC (P/A)	EC (P/A)
First Analyst: <b>Chris</b>	Date: <b>9-15-21</b>	Time (24 hr)	<b>1320</b>

**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 **3538**

Water Supply System Name: <b>Pinas Altas MDWCA</b>			
WSS Code No. (5 digits)	NM35 <b>LDL-09</b>	Chlorine Yes/No	Free: <b>.43</b> mg/l Total: _____ mg/l
Date Collected: <b>8/17/21</b>	Time Collected (24 hr): <b>09:00</b>		

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.

<b>1. Routine</b>	Sample Point ID: RT <b>001</b>	Location: <b>7 Rock St</b>
<b>2. Repeat</b>	Sample Point ID: RP _____	Location: _____
	Original Lab Sample ID# _____	
<b>3. GW Triggered Source</b>	Source Facility ID# _____	Source Facility Name: _____
	Original Lab Sample ID# _____	Sample Point ID# SP _____ 1
<b>4. GW Repeat (only if GW triggered was ec+)</b>	Source Facility ID# _____	Source Facility Name: _____
	Triggered Source Lab Sample ID# _____	Sample Point ID# SP _____ 1
<b>5. Special</b>	Location: _____	

<b>FIELD SAMPLE DATA &amp; REMARKS</b>	pH: _____	Conductivity (µS/cm) _____	Temp. (°C): _____
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Comments: \_\_\_\_\_

Collected By (print): <b>Manny D. Proscott</b>	Sampler/ Operator ID# _____	Phone Number: <b>575 313-5367</b>
Relinquished by (signature): <b>[Signature]</b>	NM <b>07730</b>	Date: <b>8/17/21</b> Time: (24 hr.) <b>09:33</b>
Received by name: <b>Chris</b>	Signature: <b>[Signature]</b>	Date: <b>8-17-21</b> Time: (24 hr.) <b>0933</b>
Relinquished by name: _____	Signature: _____	Date: _____ Time: (24 hr.) _____
Received by name: _____	Signature: _____	Date: _____ Time: (24 hr.) _____

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

Test		Test Results	
Start	Date: <b>8-17-21</b> Time (24 hr) <b>1315</b>	Volume Assayed:	<b>100 ml</b>
Finish	Date: <b>8-18-21</b> Time (24 hr) <b>1315</b>	TC (P/A)	EC (P/A)
First Analyst: <b>Chris</b>	Date: <b>8-18-21</b> Time (24 hr) <b>1315</b>		

Pinas Altas MDWCA P.O. Box 1798 Silver City, NM 88062	Send Report to following Address
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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 2168

Water Supply System Name: <u>Pinos Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>10609</u>	Chlorine Yes/No	Free: <u>.22</u> mg/l Total: <u>    </u> mg/l
Date Collected: <u>7/19/21</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>204</u>	Location: <u>22 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:      Conductivity (µS/cm)      Temp. (°C):     

Comments:     

Collected By (print): <u>Manny D Oroscott</u>	Sampler/ Operator ID#	Phone Number: <u>575-746-4170</u>
Relinquished by (signature): <u>[Signature]</u>	NM <u>67730</u>	Date: <u>7/20/21</u> Time: (24 hr.) <u>12:55</u>
Received by name: <u>chi...</u>	Signature: <u>[Signature]</u>	Date: <u>7.20.21</u> Time: (24 hr.) <u>12:55</u>
Relinquished by name:	Signature:	Date: Time: (24 hr.)
Received by name:	Signature:	Date: Time: (24 hr.)

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

Test		Test Results	
Start	Date: <u>7.20.21</u> Time (24 hr) <u>1315</u>	Volume Assayed:	<u>100</u> ml
Finish	Date: <u>7.20.21</u> Time (24 hr) <u>1315</u>	TC (P/A)	EC (P/A)
First Analyst:	<u>chi...</u> Date: <u>7.20.21</u>	Time (24 hr)	<u>1315</u>

Pino Altos MDWCA  
P.O. Box 1798  
Silver City NM 88062  
 Send Report to following Address

WITNESSETH THAT THE ABOVE SAID DEED WAS READ AND EXPLAINED TO THE SAID PARTIES AND THAT THEY UNDERSTAND THE CONTENTS AND EFFECTS THEREOF AND VOLUNTARILY SIGN THE SAME.

IN WITNESS WHEREOF

THE NOTARY PUBLIC

has hereunto set his hand and seal of office at the City of New York, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public in and for the State of New York

My Commission Expires on \_\_\_\_\_, 19\_\_\_\_.

My Office is located at \_\_\_\_\_, New York, N.Y.

My Commission No. \_\_\_\_\_

My Term of Office \_\_\_\_\_

My Qualification No. \_\_\_\_\_

My Expiration Date \_\_\_\_\_

My Office Address \_\_\_\_\_

My Office Phone No. \_\_\_\_\_

My Office Fax No. \_\_\_\_\_

My Office E-mail Address \_\_\_\_\_

My Office Website \_\_\_\_\_

My Office Hours \_\_\_\_\_

My Office Description \_\_\_\_\_

My Office License No. \_\_\_\_\_

My Office Registration No. \_\_\_\_\_

My Office Identification No. \_\_\_\_\_

My Office Certification No. \_\_\_\_\_

My Office Accreditation No. \_\_\_\_\_

My Office Authorization No. \_\_\_\_\_

My Office Approval No. \_\_\_\_\_

My Office Registration No. \_\_\_\_\_

My Office Identification No. \_\_\_\_\_

My Office Certification No. \_\_\_\_\_

My Office Accreditation No. \_\_\_\_\_

My Office Authorization No. \_\_\_\_\_

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 3410**

Water Supply System Name: <b>Pinos Altos MDWCA</b>			
WSS Code No. (5 digits)	<b>NM35 106-09</b>	Chlorine Yes/No	Free: <b>.57</b> mg/l Total: <b>    </b> mg/l
Date Collected: <b>June 1, 2021</b>	Time Collected (24 hr): <b>08:15</b>		

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.

<b>1. Routine</b>	Sample Point ID: RT <b>003</b>	Location: <b>4896 Highway 15</b>
<b>2. Repeat</b>	Sample Point ID: RP <b>    </b>	Location: <b>    </b>
	Original Lab Sample ID# <b>    </b>	
<b>3. GW Triggered Source</b>	Source Facility ID# <b>    </b>	Source Facility Name: <b>    </b>
	Original Lab Sample ID# <b>    </b>	Sample Point ID# SP <b>    </b> 1
<b>4. GW Repeat (only if GW triggered was ec+)</b>	Source Facility ID# <b>    </b>	Source Facility Name: <b>    </b>
	Triggered Source Lab Sample ID# <b>    </b>	Sample Point ID# SP <b>    </b> 1
<b>5. Special</b>	Location: <b>    </b>	

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

Collected By (print): <b>Chanelle A. Orusco</b>	Sampler/ Operator ID# <b>NM 07230</b>	Phone Number: <b>575-313-5367</b>
Relinquished by (signature): <b>[Signature]</b>	Date: <b>6/1/2021</b>	Time: (24 hr.) <b>09:20</b>
Received by name: <b>M. Orusco</b>	Signature: <b>[Signature]</b>	Date: <b>6/1/21</b>
Relinquished by name: <b>    </b>	Signature: <b>    </b>	Time: (24 hr.) <b>0920</b>
Received by name: <b>    </b>	Signature: <b>    </b>	Date: <b>    </b>
		Time: (24 hr.) <b>    </b>

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

Test		Test Results	
Start	Date: <b>6.1.21</b> Time (24 hr) <b>1332</b>	Volume Assayed:	<b>100</b> ml
Finish	Date: <b>6.2.21</b> Time (24 hr) <b>1332</b>	TC (P/A)	EC (P/A)
First Analyst: <b>Ch...</b>	Date: <b>6.2.21</b>	Time (24 hr)	<b>1332</b>

**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 2606**

Water Supply System Name: <b>Pinos Altos MDWCA</b>				
WSS Code No. (5 digits)	<b>NM35106-09</b>	Chlorine Yes/No	Free: <b>.40</b> mg/l	Total: _____ mg/l
Date Collected: <b>4/19/21</b>	Time Collected (24 hr): <b>17:24</b>			

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.

<input checked="" type="radio"/> 1. Routine	Sample Point ID: RT <b>001</b>	Location: <b>17 Rock St</b>
<input type="radio"/> 2. Repeat	Sample Point ID: RP _____	Location: _____
<input type="radio"/> 3. GW Triggered Source	Source Facility ID# _____	Source Facility Name: _____
	Original Lab Sample ID# _____	Sample Point ID# SP _____ 1
<input type="radio"/> 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
<input type="radio"/> 5. Special	Location: _____	

**FIELD SAMPLE DATA & REMARKS**

Comments:

Collected By (print): <b>Manuel D. Orisco III</b>	Sampler/ Operator ID#	Phone Number: <b>575-313-5367</b>
Relinquished by (signature): <b>[Signature]</b>	<b>NM 17730</b>	Date: <b>April 20, 2021</b> Time: (24 hr.) <b>08:55</b>
Received by name: <b>Chris</b>	Signature: <b>[Signature]</b>	Date: <b>4-20-21</b> Time: (24 hr.) <b>0855</b>
Relinquished by name:	Signature:	Date: Time: (24 hr.)
Received by name:	Signature:	Date: Time: (24 hr.)
<b>SAMPLE RECEIPT CONDITION</b>	Temp (°C):	Custody Seals: Yes/ No Intact: Yes/ No
Preservative: <b>ice</b> Yes/ No	Comments:	

Test		Test Results	
Start	Date: <b>4-20-21</b> Time (24 hr) <b>1316</b>	Volume Assayed:	<b>100</b> ml
Finish	Date: <b>4-21-21</b> Time (24 hr) <b>1316</b>	TC (P/A)	EC (P/A)
First Analyst: <b>Chris</b>	Date: <b>4-21-21</b>	Time (24 hr)	<b>1316</b>

**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 2605

Water Supply System Name: <u>Pinos Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>1010-07</u>	Chlorine Yes/No	Free: <u>.48</u> mg/l Total: _____ mg/l
Date Collected: <u>May 3, 2021</u>	Time Collected (24 hr): <u>11:50</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: _____
3. GW Triggered Source	Source Facility ID# _____	Source Facility Name: _____
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# _____	Source Facility Name: _____
5. Special	Original Lab Sample ID# _____	Sample Point ID# SP _____ 1
	Triggered Source Lab Sample ID# _____	Sample Point ID# SP _____ 1
	Location: _____	

<b>FIELD SAMPLE DATA &amp; REMARKS</b>	pH: _____	Conductivity (µS/cm) _____	Temp. (°C): _____
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Comments: \_\_\_\_\_

Collected By (print): <u>Manuel A. DeRosco #</u>	Sampler/ Operator ID#	Phone Number: <u>575-388-6310</u>
Relinquished by (signature): <u>[Signature]</u>	NM <u>07730</u>	Date: <u>May 4, 2021</u> Time: (24 hr.) <u>08:19</u>
Received by name: <u>Chin</u>	Signature: <u>[Signature]</u>	Date: <u>5-4-21</u> Time: (24 hr.) <u>0819</u>
Relinquished by name: _____	Signature: _____	Date: _____ Time: (24 hr.) _____
Received by name: _____	Signature: _____	Date: _____ Time: (24 hr.) _____
<b>SAMPLE RECEIPT CONDITION</b>	Temp (°C): _____	Custody Seals: Yes/ No
Preservative: <u>Ice</u> Yes/ No	Comments: _____	

Test		Test Results	
Start	Date: <u>5-4-21</u> Time (24 hr) <u>1330</u>	Volume Assayed:	<u>100</u> ml
Finish	Date: <u>5-5-21</u> Time (24 hr) <u>1330</u>	TC (P/A)	EC (P/A)
First Analyst: <u>Chin</u>	Date: <u>5-5-21</u>	Time (24 hr)	<u>1330</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 2607

Water Supply System Name: <u>Pino Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>1010-09</u>	Chlorine Yes/No	Free: <u>.49</u> mg/l Total: _____ mg/l
Date Collected: <u>3/22/21</u>	Time Collected (24 hr): <u>17:45</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.

<input checked="" type="radio"/> 1. Routine	Sample Point ID: RT <u>104</u>	Location: <u>22 Main St</u>
<input type="radio"/> 2. Repeat	Sample Point ID: RP _____	Location: _____
<input type="radio"/> 3. GW Triggered Source	Source Facility ID# _____	Source Facility Name: _____
	Original Lab Sample ID# _____	Sample Point ID# SP _____ 1
<input type="radio"/> 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
<input type="radio"/> 5. Special	Location: _____	

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

Collected By (print): <u>Manny A. Proscetti</u>	Sampler/ Operator ID#	Phone Number: <u>575-313-5367</u>
Relinquished by (signature): <u>[Signature]</u>	NM <u>07730</u>	Date: <u>MAR 23, 2021</u> Time: (24 hr.) <u>08:14</u>
Received by name: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Date: <u>3.23.21</u> Time: (24 hr.) <u>08:14</u>
Relinquished by name:	Signature:	Date: Time: (24 hr.)
Received by name:	Signature:	Date: Time: (24 hr.)
<b>SAMPLE RECEIPT CONDITION</b>	Temp (°C):	Custody Seals: Yes/ No
Preservative: Ice Yes/ No	Comments:	

Test		Test Results	
Start	Date: <u>3.23.21</u> Time (24 hr): <u>1310</u>	Volume Assayed:	<u>100</u> ml
Finish	Date: <u>3.24.21</u> Time (24 hr): <u>1310</u>	TC (P/A)	EC (P/A)
First Analyst: <u>[Signature]</u>	Date: <u>3.24.21</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 2065**

Water Supply System Name: <u>Pinos Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>166-09</u>	Chlorine Yes/No	Free: <u>163</u> mg/l Total: _____ mg/l
Date Collected: <u>2/15/21</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>063</u>	Location: <u>48916 Hwy 15</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): \_\_\_\_\_

Comments: \_\_\_\_\_

Collected By (print): <u>Shanny A. Orasco</u>	Sampler/ Operator ID#	Phone Number: <u>575-313-5367</u>
Relinquished by (signature): <u>[Signature]</u>	NM <u>07730</u>	Date: <u>2/16/21</u> Time: (24 hr.) <u>10:04</u>
Received by name: <u>Chris</u>	Signature: <u>[Signature]</u>	Date: <u>2-16-21</u> Time: (24 hr.) <u>10:04</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  
 Preservative: Ice Yes/ No Comments: \_\_\_\_\_

Test		Test Results	
Start	Date: <u>2-16-21</u> Time (24 hr) <u>1710</u>	Volume Assayed:	<u>100</u> ml
Finish	Date: <u>2-17-21</u> Time (24 hr) <u>1310</u>	TC (P/A)	EC (P/A)
First Analyst:	<u>Chris</u> Date: <u>2-17-21</u> Time (24 hr) <u>1310</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 2064

Water Supply System Name: <u>Pino Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>106-09</u>	Chlorine Yes/No	Free: <u>0.36</u> mg/l Total: <u>    </u> mg/l
Date Collected: <u>Jan 11 2021</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>002</u>	Location: <u>7 Ranger 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>Stanford Orusco</u>	Sampler/ Operator ID# <u>NM 07730</u>	Phone Number: <u>575-313-5367</u>
Relinquished by (signature): <u>[Signature]</u>	Date: <u>Jan 12, 2021</u>	Time: (24 hr.) <u>11:22</u>
Received by name: <u>Chris</u>	Signature: <u>[Signature]</u>	Date: <u>1-12-21</u> Time: (24 hr.) <u>1022</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>
<b>SAMPLE RECEIPT CONDITION</b>	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>1-12-21</u> Time (24 hr) <u>1330</u>	Volume Assayed:	<u>100</u> ml
Finish	Date: <u>1-13-21</u> Time (24 hr) <u>1330</u>	TC (P/A)	EC (P/A)
First Analyst: <u>Chris</u>	Date: <u>1-13-21</u>	Time (24 hr)	<u>1330</u>

Pino Altos MDWCA  
P.O. Box 1798  
Silver City, NM 88062  
 Send Report to following Address