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

EPA: 141001-2022

LIMS Report #: 1514900

Request Id: 2555511

GEDGAUDAS, THOMAS M.

WSS: PINOS ALTOS MDWCA
PO BOX 2374
SILVER CITY, NM 88062

WSS Code: NM3510609
Collector: MANUEL OROSCO 07730
User Code: 64000

Sample Location: DIST/4869 NM 15
Sampling Point ID: HAA5-IND
Facility ID: 10609000
COC Initiated: Yes
Condition of Seal: Not Present
Sampling Documentation COMPLIANCE

Sample #: 2022126378
Sample Type: Water

Date Collected: 9/7/2022 12:45
Date Received: 9/15/2022 16:25
Date Reported: 10/27/2022
Temp at Receipt (deg C): 6.0

Sample Note:

Lab: DBP
EPA 552.2 SDWA Haloacetic Acids (HAA5)
Extraction Date: 9/15/2022 10:05

pH in lab: 7

CAS#	FRDS#	Analysis Date: 09/20/2022 06:59	Result	Units	MRL	MCL	Analyst initials	Data Qualifier
79-11-8	2450	Monochloroacetic Acid (MCAA)	<0.90	µg/L	0.90	60	EJB	U
79-08-3	2453	Monobromoacetic Acid (MBAA)	0.73	µg/L	0.70	60	EJB	
79-43-6	2451	Dichloroacetic Acid (DCAA)	1.0	µg/L	0.45	60	EJB	
76-03-9	2452	Trichloroacetic Acid (TCAA)	<0.25	µg/L	0.25	60	EJB	U
631-64-1	2454	Dibromoacetic Acid (DBAA)	3.1	µg/L	0.25	60	EJB	
	2456	Total Haloacetic Acids (HAA5)	4.8	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

A - See note/comments.

B - Analyte was detected in the laboratory blank.

C - Spike recovery is within method acceptance limits.

D - Spike recovery is not within method acceptance limits.

E - Analyte value exceeded calibration range.

F - Sample matrix interference suspected.

H - Sample was analyzed in duplicate.

I - *Sample* was analyzed in triplicate.

J - The analyte was positively identified; the associated numerical value is the approximate concentration of the analyte in the sample.

K - Holding time was exceeded at laboratory.

L - Regulated parameter value equals or exceeds the EPA SDWA Maximum Contamination Level.

M - Regulated parameter value equals or exceeds the EPA SDWA Action Level.

N - Insufficient sample to verify results.

O - Method internal standard(s) not within method acceptance limits when analyzed undiluted.

P - Sample rejected/voided at laboratory.

Q - Sample submitted to laboratory past holding time.

S - Relative percent difference between duplicates greater than 10% (waters).

T - Relative percent difference between duplicates greater than 30% (soils).

U - Analyte was not detected in this sample above the method's sample detection limit.

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

EPA: 141001-2011

LIMS Report #: 1568355

Request Id: 2571304

WSS: GEDGAUDAS, THOMAS M.
PINOS ALTOS MDWCA
PO BOX 2374
SILVER CITY, NM 88062

WSS Code: NM3510609
Collector: MANUEL OROSCO 07730
User Code: 55000

CC Recipient(s): NMED Central Files

Sample Location: DIST/ 17 ROCK ST
Sampling Point ID: TTHM-IND
Facility ID: 10609000
COC Initiated: Yes
Condition of Seal: Not Present

Sample #: 2023035265
Sample Type: Water
Sample Note:

Date Collected: 8/15/2023 12:00
Date Received: 8/16/2023 12:31
Date Reported: 8/23/2023
Temp at Receipt (deg C): 4.8

Lab: DBP
EPA 524.2 SDWA Total Trihalomethanes (TTHM)

pH in lab: 7

Analysis Date: 08/21/2023 22:31	Result	Units	MRL	MCL	Analyst initials	Data Qualifier
Bromodichloromethane	**1.7**	µg/L	0.10	80	NG	
Bromoform	**9.2**	µg/L	0.10	80	NG	
Chloroform	**0.35**	µg/L	0.10	80	NG	
Dibromochloromethane	**5.7**	µg/L	0.10	80	NG	
Total Trihalomethanes	**17**	µg/L	0.50	80		

Final

Definitions

MRL - Minimum Reporting Limit (lowest concentration that can be reported).

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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

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J - The analyte was positively identified; the associated numerical value is the approximate concentration of the analyte in the sample.

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

EPA: 141001-2011

LIMS Report #: 1562523

Request Id: 2562590

WSS: GEDGAUDAS, THOMAS M.
PINOS ALTOS MDWCA
PO BOX 2374
SILVER CITY, NM 88062

WSS Code: NM3510609
Collector: MANUEL OROSCO 07730
User Code: 55000

CC Recipient(s): NMED Central Files

Sample Location: DIST/4869 NM 15
Sampling Point ID: HAA5-IND
Facility ID: 10609000
COC Initiated: Yes
Condition of Seal: Present & Intact

Sample #: 2023028965
Sample Type: Water

Date Collected: 6/12/2023 12:36
Date Received: 6/13/2023 14:45
Date Reported: 6/28/2023
Temp at Receipt (deg C): 3.3

Sample Note:

Lab: DBP
EPA 552.2 SDWA Haloacetic Acids (HAA5)

pH in lab: 7

Extraction Date: 6/15/2023 14:06
Analysis Date: 6/17/2023 07:10

	Result	Units	MRL	MCL	Analyst initials	Data Qualifier
Monochloroacetic Acid (MCAA)	<0.90	µg/L	0.90	60	BV	U
Monobromoacetic Acid (MBAA)	<0.72	µg/L	0.72	60	BV	U
Dichloroacetic Acid (DCAA)	0.57	µg/L	0.46	60	BV	
Trichloroacetic Acid (TCAA)	<0.26	µg/L	0.26	60	BV	U
Dibromoacetic Acid (DBAA)	1.7	µg/L	0.26	60	BV	
Total Haloacetic Acids (HAA5)	2.3	µg/L	0.51	60	BV	

Final

Definitions

MRL - Minimum Reporting Limit (lowest concentration that can be reported).

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E - Analyte value exceeded calibration range.

F - Sample matrix interference suspected.

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I - Sample was analyzed in triplicate.

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M - Regulated parameter value equals or exceeds the EPA SDWA Action Level.

N - Insufficient sample to verify results.

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P - Sample rejected/voided at laboratory.

Q - Sample submitted to laboratory past holding time.

S - Relative percent difference between duplicates greater than 10% (waters).

T - Relative percent difference between duplicates greater than 30% (soils).

U - Analyte was not detected in this sample above the method's sample detection limit.

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 4079

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 10609	Chlorine Yes/No	Free: .55 mg/l	Total: ____ mg/l	
Date Collected: 12/4/23	Time Collected (24 hr): 16:33			

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): Manuel A Orosco III	Sampler/ Operator ID# NM 02730	Phone Number: 575-740-2718	
Relinquished by (signature): M. Co III		Date: 12/5/23	Time: (24 hr.) 08:03
Received by name: Skye Fischer	Signature: Skye Fischer	Date: 12/5/23	Time: (24 hr.) 0803
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: 12/5/23	Time (24 hr) 1322	Volume Assayed: 100 ml	
Finish Date: 12/6/23	Time (24 hr) 1331	TC (P/A)	EC (P/A)
First Analyst: Skye Fischer	Date: 12/6/23	Time (24 hr) 1331	

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 4081

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 10609	Chlorine Yes/No	Free: .46 mg/l	Total: ____ mg/l	
Date Collected: 11/6/23	Time Collected (24 hr): 16:30			

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: RT004	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): Manny A. Orosco	Sampler/ Operator ID# NM 07730	Phone Number: 575-740-2718	
Relinquished by (signature): [signature]		Date: 11/7/23	Time: (24 hr.) 09:56
Received by name: Skye Fischer	Signature: [signature]	Date: 11/7/23	Time: (24 hr.) 0956
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: 11/7/23	Time (24 hr) 1324	Volume Assayed: 100	ml
Finish Date: 11/8/23	Time (24 hr) 1341	TC (P/A)	EC (P/A)
First Analyst: Skye Fischer	Date: 11/8/23	Time (24 hr) 1341	

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 4085

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 10609	Chlorine Yes/No	Free: .61 mg/l	Total: ____ mg/l	
Date Collected: 10/24/23	Time Collected (24 hr): 09:45			

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: RT003	Location: 4896 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): M. Orosco	Sampler/ Operator ID# NM 05810	Phone Number: 575-590-0148	
Relinquished by (signature): M. Orosco		Date: 10/24/23	Time: (24 hr.) 10:05
Received by name: Skye Fischer	Signature: [signature]	Date: 10/24/23	Time: (24 hr.) 10:05
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: 10/24/23	Time (24 hr) 1319	Volume Assayed: 100	ml
Finish	Date: 10/25/23	Time (24 hr) 1323	TC (P/A)	EC (P/A)
First Analyst: Skye Fischer	Date: 10/25/23		Time (24 hr) 1323	

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 4070

Water Supply System Name: Pino Altos MDWCA			
WSS Code No. (5 digits) NM35 11609	Chlorine Yes/No	Free: .41 mg/l	Total: ____ mg/l
Date Collected: 10/17/23	Time Collected (24 hr): 8:44		

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: 4896 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): Manny d Orosco II	Sampler/ Operator ID#	Phone Number: (575) 740-2718	
Relinquished by (signature): [signature]	NM 07730	Date: 10/17/23	Time: (24 hr.) 8:40
Received by name: Skye Fischer	Signature: [signature]	Date: 10/17/23	Time: (24 hr.) 8:40
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: 10/17/23	Time (24 hr) 1309	Volume Assayed: 100	ml
Finish	Date: 10/18/23	Time (24 hr) 1313	TC (P/A)	EC (P/A)
First Analyst: Skye Fischer	Date: 10/18/23		Time (24 hr) 1313	

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 4258

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 10609	Chlorine Yes/No	Free: .53 mg/l	Total: ____ mg/l	
Date Collected: 9/18/23	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 ___	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): Manny & Orosco #1	Sampler/ Operator ID# NM 07730	Phone Number: (575) 740-2718	
Relinquished by (signature): [signature]		Date: 9/19/23	Time: (24 hr.) 09:25
Received by name: Skye Fischer	Signature: [signature]	Date: 9/19/23	Time: (24 hr.) 9:25
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: 9/19/23	Time (24 hr) 1309	Volume Assayed: 100	ml
Finish	Date: 9/20/23	Time (24 hr) 13:35	TC (P/A)	EC (P/A)
First Analyst: Skye Fischer		Date: 9/20/23	Time (24 hr) 13:35	

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

[illegible]NED

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** 4280

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 L L 0 9	Chlorine Yes/No	Free: .13 mg/l	Total: ____ mg/l	
Date Collected: 6/12/23	Time Collected (24 hr): 14:02			

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: 4896 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 L Orosco Jr	Sampler/ Operator ID#	Phone Number: 575-746-2718	
Relinquished by (signature):	NM 07730	Date: 6/13/23	Time: (24 hr.) 08:07
Received by name: M Orosco	Signature: M Orosco	Date: 6/13/23	Time: (24 hr.) 8:07
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: 6/13/23	Time (24 hr) 1325	Volume Assayed: 100 ml	
Finish Date: 6/14/23	Time (24 hr) 1330	TC (P/A)	EC (P/A)
First Analyst: M. Orosco	Date: 6/14/23	Time (24 hr) 1330	

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

Send Report to following Address

SCANNED

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 4230

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 10609	Chlorine Yes/No	Free: .45 mg/l	Total: ____ mg/l	
Date Collected: 8/15/23	Time Collected (24 hr): 12:00			

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 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): Manny A. Orosco II	Sampler/ Operator ID#	Phone Number: (575) 746-2718	
Relinquished by (signature): [signature]	NM 07730	Date: 8/15/23	Time: (24 hr.) 12:36
Received by name: Skye Fischer	Signature: [signature]	Date: 8/15/23	Time: (24 hr.) 12:36
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: 8/15/23	Time (24 hr) 1310	Volume Assayed: 100 ml	
Finish Date: 8/16/23	Time (24 hr) 1330	TC (P/A)	EC (P/A)
First Analyst: M. Ordoño	Date: 8/16/23	Time (24 hr) 1330	

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

Send Report to following Address

SCANNED

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 4069

Water Supply System Name: Pino Altes MDWCA				
WSS Code No. (5 digits) NM35 10609	Chlorine Yes/No	Free: .34 mg/l	Total: ____ mg/l	
Date Collected: 7/17/23	Time Collected (24 hr): 17:01			

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): Manny A Orosco III	Sampler/ Operator ID# NM 07730	Phone Number: 575-746-2718	
Relinquished by (signature): M. Orosco III		Date: 7/18/23	Time: (24 hr.) 08:15
Received by name: M. Orosco	Signature: M. Orosco	Date: 7/18/23	Time: (24 hr.) 8:17
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: 7/18/23	Time (24 hr) 1320	Volume Assayed: 100 ml	
Finish	Date: 7/19/23	Time (24 hr) 1330	TC (P/A)	EC (P/A)
First Analyst: M. Orosco	Date: 7/19/23	Time (24 hr) 1330		

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

SCANNED

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 4280

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 L1009		Chlorine Yes/No	Free: .13 mg/l	Total: ____ mg/l
Date Collected: 6/12/23	Time Collected (24 hr): 14:02			

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: 4896 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 L Orosco III	Sampler/ Operator ID#	Phone Number: 575-740-2718	
Relinquished by (signature):	NM 07730	Date: 6/13/23	Time: (24 hr.) 08:07
Received by name: M Orosco	Signature: M Orosco	Date: 6/13/23	Time: (24 hr.) 8:07
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: 6/13/23	Time (24 hr) 1325	Volume Assayed: 100 ml	
Finish Date: 6/14/23	Time (24 hr) 1330	TC (P/A)	EC (P/A)
First Analyst: M. Orosco	Date: 6/14/23	Time (24 hr) 1330	

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** 4009

Water Supply System Name: Pine Hills MDWCA				
WSS Code No. (5 digits) NM35 11609	Chlorine Yes/No	Free: .36 mg/l	Total: ____ mg/l	
Date Collected: 5/8/23	Time Collected (24 hr): 16:50			

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): Manuel A Gracesoft	Sampler/ Operator ID# NM 07230	Phone Number: 575-746-2718	
Relinquished by (signature):		Date: 5/9/2023	Time: (24 hr.) 07:57
Received by name:	Signature:	Date: 5-9-23	Time: (24 hr.) 0757
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: 5-9-23	Time (24 hr) 1315	Volume Assayed:	ml
Finish	Date: 5-10-23	Time (24 hr) 1315	TC (P/A)	EC (P/A)
First Analyst:	Date: 5-10-23	Time (24 hr) 1315		

Pine Hills MDWCA
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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 6864

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 10609	Chlorine Yes/No	Free: .49 mg/l	Total: ____ mg/l	
Date Collected: 2/7/23	Time Collected (24 hr): 10:22			

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): Manny A Orosco III	Sampler/ Operator ID#	Phone Number: 575-574-2718	
Relinquished by (signature):	NM 02730	Date: 2/7/23	Time: (24 hr.) 10:47
Received by name:	Signature:	Date: 2-7-23	Time: (24 hr.) 10:47
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: 3-7-23	Time (24 hr) 1330	Volume Assayed: 100 ml	
Finish	Date: 3-8-23	Time (24 hr) 1330	TC (P/A)	EC (P/A)
First Analyst:		Date: 3-8-23	Time (24 hr) 1330	

Pino Altos MDWCA
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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** 2191

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 1016 09		Chlorine Yes/No	Free: .49 mg/l	Total: ____ mg/l
Date Collected: 4/18/23	Time Collected (24 hr): 09:08			

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: 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): Hannah Crosco III	Sampler/ Operator ID# NM 02730	Phone Number: 575-746-2718	
Relinquished by (signature):		Date: Apr 18, 2023	Time: (24 hr.) 09:28
Received by name: Chris	Signature:	Date: 4.18.23	Time: (24 hr.) 0925
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: 4.18.23	Time (24 hr) 1315	Volume Assayed: 100 ml	
Finish	Date: 4.19.23	Time (24 hr) 1315	TC (P/A)	EC (P/A)
First Analyst: Chris		Date: 4.19.23	Time (24 hr) 1315	

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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 6242

Water Supply System Name: Pino Altos MDWCA			
WSS Code No. (5 digits) NM35 10609	Chlorine Yes/No	Free: .56 mg/l	Total: ____mg/l
Date Collected: 2/20/23	Time Collected (24 hr): 16:00		

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: RT003	Location: 48169 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 Orosco Jr	Sampler/ Operator ID# NM 07730	Phone Number: 575-313-5367	
Relinquished by (signature): [illegible]		Date: 2/21/23	Time: (24 hr.) 10:49
Received by name: [illegible]	Signature: [illegible]	Date: 2.21.23	Time: (24 hr.) 1049
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: 2.21.23	Time (24 hr) 1310	Volume Assayed: 100 ml
Finish Date: 2.22.23	Time (24 hr) 1310	TC (P/A) EC (P/A)
First Analyst: [illegible]	Date: 2.22.23	Time (24 hr) 1310

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 6427

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 10609	Chlorine Yes/No	Free: .24 mg/l	Total: ____ mg/l	
Date Collected: 1/16/2023	Time Collected (24 hr): 16:30			

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: RT002	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): Marina Orosco II	Sampler/ Operator ID# NM 07730	Phone Number: 575-746-2718	
Relinquished by (signature): [signature]		Date: 1-17-2023	Time: (24 hr.) 1050
Received by name: Chris	Signature: [signature]	Date: 1-17-23	Time: (24 hr.) 1000
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: 1-17-23	Time (24 hr) 1320	Volume Assayed: 100 ml	
Finish	Date: 1-18-23	Time (24 hr) 1320	TC (P/A)	EC (P/A)
First Analyst: Chris	Date: 1-18-23	Time (24 hr) 1320		

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