

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 4058

Water Supply System Name: Pino Altos MDWCA  
 WSS Code No. (5 digits) NM35 10609 Chlorine  Yes/No Free: 1.38 mg/l Total:      mg/l  
 Date Collected: 12/16/24 Time Collected (24 hr): 16:05

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:      Conductivity (µS/cm)      Temp. (°C):     

Comments:     

Collected By (print): <u>Manuel d Oroscua</u>	Sampler/ Operator ID# <u>NM 07730</u>	Phone Number: <u>(575) 740-4170</u>
Relinquished by (signature): <u>[Signature]</u>	Date: <u>12/17/24</u>	Time: (24 hr.) <u>11:56</u>
Received by name: <u>Skye Fischer</u>	Signature: <u>[Signature]</u>	Date: <u>12/17/24</u> Time: (24 hr.) <u>1156</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: <input checked="" type="checkbox"/> Yes/ No Intact: <input checked="" type="checkbox"/> Yes/ No
Preservative: Ice <input checked="" type="checkbox"/> Yes/ No	Comments: <u>    </u>	

Test		Test Results	
Start	Date: <u>12/17/24</u> Time (24 hr) <u>1328</u>	Volume Assayed: <u>100</u> ml	
Finish	Date: <u>12/18/24</u> Time (24 hr) <u>1328</u>	TC (P/A) <u>    </u>	EC (P/A) <u>    </u>
First Analyst: <u>Skye Fischer</u>	Date: <u>12/18/24</u>	Time (24 hr) <u>1328</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 5125**

Water Supply System Name: <b>Pino Altos MDWCA</b>			
WSS Code No. (5 digits)	<b>NM35 10609</b>	Chlorine <input checked="" type="checkbox"/> Yes/No	Free: <b>.32</b> mg/l Total: _____ mg/l
Date Collected: <b>11/4/24</b>	Time Collected (24 hr): <b>16:24</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.

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

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

Collected By (print): <b>Manuel A. Orozco</b>	Sampler/ Operator ID#	Phone Number: <b>(575) 740-2710</b>
Relinquished by (signature): <i>[Signature]</i>	<b>NM 07230</b>	Date: <b>11/5/24</b> Time: (24 hr.) <b>10:25</b>
Received by name: <b>Skye Fisher</b>	Signature: <i>[Signature]</i>	Date: <b>11/5/24</b> Time: (24 hr.) <b>10:25</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: Ice <input checked="" type="checkbox"/> Yes/ No	Comments: _____		

Test		Test Results	
Start	Date: <b>11/5/24</b> Time (24 hr) <b>1327</b>	Volume Assayed: <b>100</b> ml	
Finish	Date: <b>11/6/24</b> Time (24 hr) <b>1330</b>	TC (P/A) _____	EC (P/A) _____
First Analyst: <b>Skye Fisher</b>	Date: <b>11/6/24</b>	Time (24 hr) <b>1330</b>	

**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 4164

Water Supply System Name: <u>Pine Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>10609</u>	Chlorine Yes/No	Free: <u>.43</u> mg/l Total: <u>    </u> mg/l
Date Collected: <u>10/28/24</u>	Time Collected (24 hr): <u>17:00</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>
	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> <u>1</u>
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> <u>1</u>
5. Special	Location: <u>    </u>	

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

Collected By (print): <u>Manuela Crosec #</u>	Sampler/ Operator ID#	Phone Number: <u>(575) 746-2718</u>
Relinquished by (signature): <u>M. Crosec #</u>	NM <u>07730</u>	Date: <u>10/29/24</u> Time: (24 hr.) <u>10:13</u>
Received by name: <u>Skye Fischer</u>	Signature: <u>[Signature]</u>	Date: <u>10/29/24</u> Time: (24 hr.) <u>10:13</u>
Relinquished by name:	Signature:	Date: <u>    </u> Time: (24 hr.) <u>    </u>
Received by name:	Signature:	Date: <u>    </u> Time: (24 hr.) <u>    </u>

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

Test		Test Results	
Start	Date: <u>10/29/24</u> Time (24 hr) <u>1328</u>	Volume Assayed: <u>100</u>	ml
Finish	Date: <u>10/30/24</u> Time (24 hr) <u>1341</u>	TC (P/A) <u>    </u>	EC (P/A) <u>    </u>
First Analyst: <u>Skye Fischer</u>	Date: <u>10/30/24</u>	Time (24 hr) <u>1341</u>	

Pine 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 4053**

Water Supply System Name: Pino Altos MDWCA  
 WSS Code No. (5 digits) NM35 10609 Chlorine:  Yes/No Free: 0.27 mg/l Total:      mg/l

Date Collected: 9/3/24 Time Collected (24 hr): 10:18

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

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

Comments:     

Collected By (print): <u>Manuel A Orozco #1</u>	Sampler/ Operator ID# <u>NM 07730</u>	Phone Number: <u>(575) 740-2718</u>
Relinquished by (signature): <u>[Signature]</u>	Date: <u>9-3-24</u>	Time: (24 hr.) <u>10:43</u>
Received by name: <u>Skye Fischer</u>	Signature: <u>[Signature]</u>	Date: <u>9/3/24</u>
		Time: (24 hr.) <u>10:43</u>
Relinquished by name: <u>    </u>	Signature: <u>    </u>	Date: <u>    </u>
Received by name: <u>    </u>	Signature: <u>    </u>	Time: (24 hr.) <u>    </u>

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

Test		Test Results	
Start	Date: <u>9/3/24</u> Time (24 hr) <u>1333</u>	Volume Assayed: <u>100</u> ml	
Finish	Date: <u>9/4/24</u> Time (24 hr) <u>1333</u>	TC (P/A) <u>    </u>	EC (P/A) <u>    </u>
First Analyst: <u>Skye Fischer</u>	Date: <u>9/4/24</u>	Time (24 hr) <u>1333</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 5129**

Water Supply System Name: <b>Pino Altos MDWCA</b>			
WSS Code No. (5 digits)	<b>NM35 10009</b>	Chlorine <input checked="" type="checkbox"/> Yes/No	Free: <b>.41</b> mg/l Total: _____ mg/l
Date Collected: <b>7/8/24</b>	Time Collected (24 hr): <b>17:00</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: <b>RT 004</b>	Location: <b>22 Main St</b>
<b>2. Repeat</b>	Sample Point ID: RP _____	Location: _____
<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: _____	

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

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

Collected By (print): <b>Manuel d Orozco</b>	Sampler/ Operator ID#	Phone Number: <b>(575) 740-2718</b>
Relinquished by (signature): <b>[Signature]</b>	<b>NM 07730</b>	Date: <b>7/9/24</b> Time: (24 hr.) <b>0946</b>
Received by name: <b>SKYE FISHER</b>	Signature: <b>[Signature]</b>	Date: <b>7/9/24</b> Time: (24 hr.) <b>0946</b>
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: <b>7/9/24</b> Time (24 hr) <b>1343</b>	Volume Assayed:	<b>100</b> ml
Finish	Date: <b>7/10/24</b> Time (24 hr) <b>1345</b>	TC (P/A)	EC (P/A)
First Analyst:	<b>SKYE FISHER</b> Date: <b>7/10/24</b>	Time (24 hr)	<b>1345</b>

**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 4008

Water Supply System Name: <u>Pino Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>10609</u>	Chlorine Yes/No	Free: <u>32</u> mg/l Total: <u>    </u> mg/l
Date Collected: <u>6/3/24</u>	Time Collected (24 hr): <u>17:00</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. <u>Routine</u>	Sample Point ID: RT <u>203</u>	Location: <u>4896 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>
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# <u>    </u>	Source Facility Name: <u>    </u>
5. Special	Location: <u>    </u>	

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

Collected By (print): <u>Manuel A Orozco Jr</u>	Sampler/ Operator ID#	Phone Number: <u>(575) 740-2718</u>
Relinquished by (signature): <u>[Signature]</u>	NM <u>07730</u>	Date: <u>6/4/24</u> Time: (24 hr.) <u>10:00</u>
Received by name: <u>SKYE FISCHER</u>	Signature: <u>[Signature]</u>	Date: <u>6/4/24</u> Time: (24 hr.) <u>10:00</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: Ice <u>Yes/No</u>	Comments:		

Test		Test Results	
Start	Date: <u>6/4/24</u> Time (24 hr) <u>1334</u>	Volume Assayed: <u>100</u> ml	
Finish	Date: <u>6/5/24</u> Time (24 hr) <u>1346</u>	TC (P/A)	EC (P/A)
First Analyst: <u>SKYE FISCHER</u>	Date: <u>6/5/24</u> Time (24 hr) <u>1346</u>		

Pino Altos 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 4229

Water Supply System Name: Pino Altos MDWCA

WSS Code No. (5 digits) NM35 10609 Chlorine  Yes/No Free: .31 mg/l Total:      mg/l

Date Collected: 5/13/24 Time Collected (24 hr): 16:47

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:      Conductivity (µS/cm)      Temp. (°C):     

Comments:     

Collected By (print): Manuel A Prosser # Sampler/ Operator ID#      Phone Number: (575) 746-2718

Relinquished by (signature): [Signature] NM 02230 Date: May 14, 2024 Time: (24 hr.) 11:35

Received by name: Skye Fischer Signature: [Signature] Date: 5/14/24 Time: (24 hr.) 1135

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

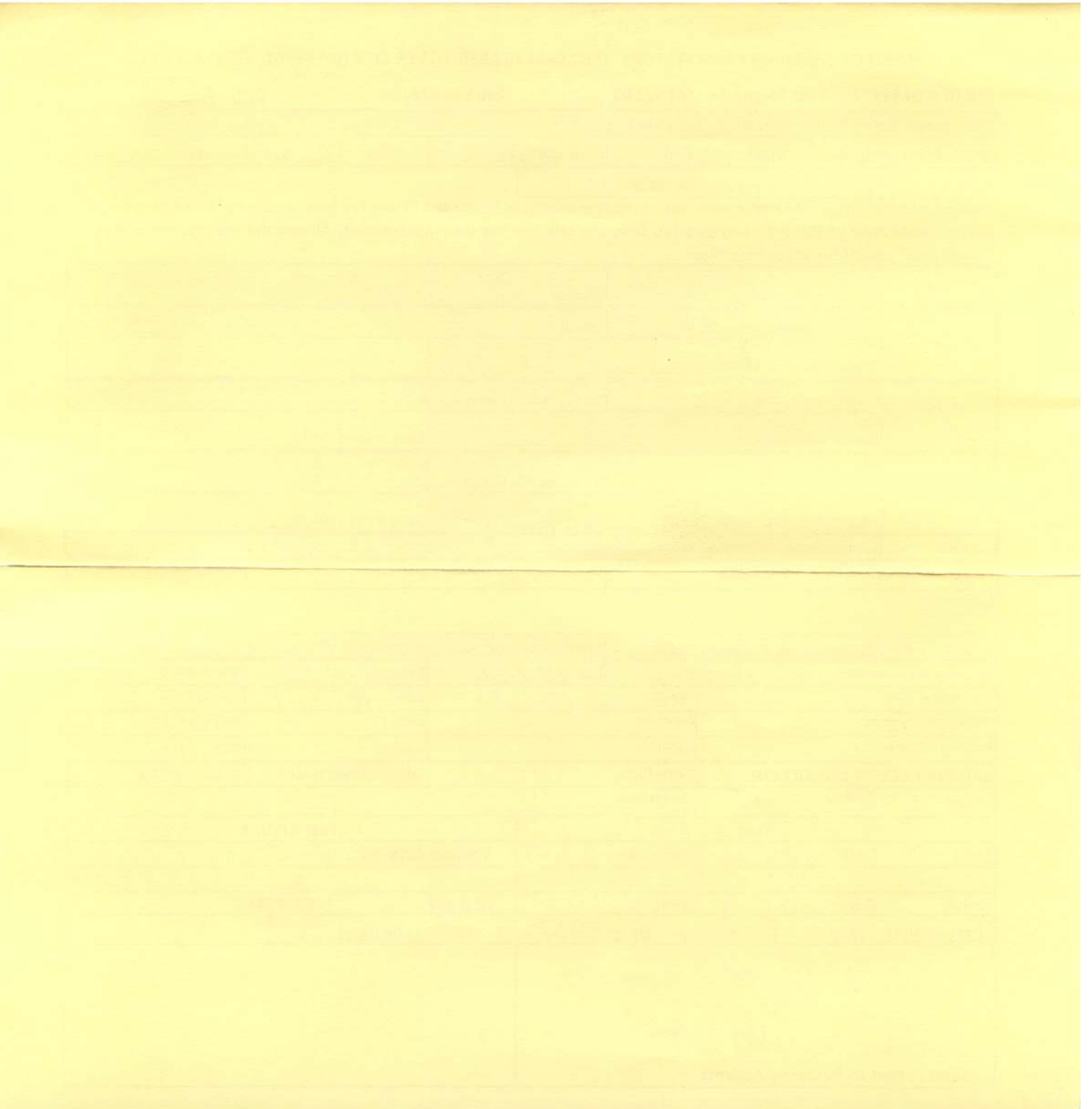
Preservative: Ice  Yes/ No Comments:     

Test		Test Results	
Start	Date: <u>5/14/24</u> Time (24 hr) <u>1323</u>	Volume Assayed: <u>100</u>	ml

Finish	Date: <u>5/15/24</u> Time (24 hr) <u>1333</u>	TC (P/A) <u>    </u>	EC (P/A) <u>    </u>
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First Analyst: Skye Fischer Date: 5/15/24 Time (24 hr) 1333

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 4052

Water Supply System Name: <u>Pino Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>10609</u>	Chlorine Yes/No	Free: <u>40</u> mg/l Total: <u>    </u> mg/l
Date Collected: <u>4/22/24</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.

<u>1. Routine</u>	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>	

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

Collected By (print): <u>Manuel A. Orsola III</u>	Sampler/ Operator ID#	Phone Number: <u>(575) 740-2718</u>
Relinquished by (signature): <u>[Signature]</u>	NM <u>07730</u>	Date: <u>4/23/24</u> Time: (24 hr.) <u>10:03</u>
Received by name: <u>Skye Fisher</u>	Signature: <u>[Signature]</u>	Date: <u>4/23/24</u> Time: (24 hr.) <u>1003</u>
Relinquished by name:	Signature:	Date: <u>    </u> Time: (24 hr.) <u>    </u>
Received by name:	Signature:	Date: <u>    </u> Time: (24 hr.) <u>    </u>

<b>SAMPLE RECEIPT CONDITION</b>	Temp (°C): <u>    </u>	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice <input checked="" type="checkbox"/> Yes/ No	Comments: <u>    </u>		

Test		Test Results	
Start	Date: <u>4/23/24</u> Time (24 hr) <u>1321</u>	Volume Assayed: <u>100</u> ml	
Finish	Date: <u>4/24/24</u> Time (24 hr) <u>1323</u>	TC (P/A) <u>    </u>	EC (P/A) <u>    </u>
First Analyst: <u>Skye Fischer</u>	Date: <u>4/24/24</u>	Time (24 hr) <u>1323</u>	

<u>Pino Altos MDWCA</u> <u>P.O. Box 1798</u> <u>Silver City, NM 88162</u> Send Report to following Address	<b>SCANNED</b>
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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 4243

Water Supply System Name: <u>Pino Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>10609</u>	Chlorine Yes/No	Free: <u>.44</u> mg/l Total: <u>    </u> mg/l
Date Collected: <u>3/4/24</u>	Time Collected (24 hr): <u>16:45</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.

<u>1</u> 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>
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>Manuel D. Proseco #</u>	Sampler/ Operator ID# <u>NM 02730</u>	Phone Number: <u>(575) 740-2718</u>
Relinquished by (signature): <u>[Signature]</u>	Date: <u>3/5/24</u>	Time: (24 hr.) <u>10:00</u>
Received by name: <u>SKYE FISCHER</u>	Signature: <u>[Signature]</u>	Date: <u>3/5/24</u> Time: (24 hr.) <u>1000</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):      Custody Seals: Yes/ No Intact: Yes/ No Preservative: Ice Yes/ No Comments:     

Test		Test Results	
Start	Date: <u>3/5/24</u> Time (24 hr) <u>1310</u>	Volume Assayed: <u>100</u> ml	
Finish	Date: <u>3/6/24</u> Time (24 hr) <u>1315</u>	TC (P/A) <u>    </u> EC (P/A) <u>    </u>	
First Analyst: <u>SKYE FISCHER</u>	Date: <u>3/6/24</u>	Time (24 hr) <u>1315</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 4082

Water Supply System Name: <u>Pino Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>10609</u>	Chlorine <input checked="" type="checkbox"/> Yes/No	Free: <u>.44</u> mg/l Total: <u>    </u> mg/l
Date Collected: <u>2/13/24</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.

<u>1. Routine</u>	Sample Point ID: RT <u>003</u>	Location: <u>4896 Highway 15</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>	

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

Collected By (print): <u>Maryd Grosoof</u>	Sampler/ Operator ID#	Phone Number: <u>(575) 740-2718</u>
Relinquished by (signature): <u>[Signature]</u>	NM <u>02230</u>	Date: <u>2/13/24</u> Time: (24 hr.) <u>10:02</u>
Received by name: <u>Skyle Fischer</u>	Signature: <u>[Signature]</u>	Date: <u>2/13/24</u> Time: (24 hr.) <u>1002</u>
Relinquished by name:	Signature:	Date: <u>    </u> Time: (24 hr.) <u>    </u>
Received by name:	Signature:	Date: <u>    </u> Time: (24 hr.) <u>    </u>

<b>SAMPLE RECEIPT CONDITION</b>	Temp (°C): <u>    </u>	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice <input checked="" type="checkbox"/> Yes/ No	Comments: <u>    </u>		

Test		Test Results	
Start	Date: <u>2/13/24</u> Time (24 hr) <u>1303</u>	Volume Assayed: <u>100</u> ml	
Finish	Date: <u>2/14/24</u> Time (24 hr) <u>1308</u>	TC (P/A) <u>    </u>	EC (P/A) <u>    </u>
First Analyst: <u>Skyle Fischer</u>	Date: <u>2/14/24</u>	Time (24 hr) <u>1308</u>	

Pino Altos MDWCA  
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 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 4256

Water Supply System Name: <u>Pino Altos MDWCA</u>			
WSS Code No. (5 digits)	NM35 <u>10609</u>	Chlorine <input checked="" type="checkbox"/> Yes/No	Free: <u>.39</u> mg/l Total: _____ mg/l
Date Collected: <u>1-29-24</u>	Time Collected (24 hr): <u>17:00</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>602</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): \_\_\_\_\_

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

Collected By (print): <u>Manny J. ROSCO II</u>	Sampler/ Operator ID#	Phone Number: <u>(575) 740-2718</u>
Relinquished by (signature): <u>[Signature]</u>	NM <u>07730</u>	Date: <u>1-30-24</u> Time: (24 hr.) <u>08:30</u>
Received by name: <u>SKYE FISCHER</u>	Signature: <u>[Signature]</u>	Date: <u>1/30/24</u> Time: (24 hr.) <u>0830</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>1/30/24</u> Time (24 hr) <u>1302</u>	Volume Assayed:	<u>100</u> ml
Finish	Date: <u>1/31/24</u> Time (24 hr) <u>1307</u>	TC (P/A)	EC (P/A)
First Analyst:	<u>SKYE FISCHER</u> Date: <u>1/31/24</u>	Time (24 hr)	<u>1307</u>

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