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** 5950

Water Supply System Name: Pino Altos MDWCA			
WSS Code No. (5 digits) NM35 L0609	Chlorine (Yes)/No	Free: .36 mg/l	Total: ____ mg/l
Date Collected: 12/8/25	Time Collected (24 hr): 16:45		

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

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

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm)	Temp. (°C):
Comments:			
Collected By (print): Manuel A Orozco	Sampler/ Operator ID# NM 07730	Phone Number: (575) 740-2718	
Relinquished by (signature):		Date: 12/9/25	Time: (24 hr.) 10:23
Received by name: R. Terrazas	Signature: R. Terrazas	Date: 12-9-25	Time: (24 hr.) 1023
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: 12-9-25 Time (24 hr) 1317	Volume Assayed: 100 ml	
Finish	Date: 12-10-25 Time (24 hr) 1325	TC (P/A)	EC (P/A)
First Analyst: R Terrazas	Date: 12-10-25	Time (24 hr) 1325	

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 5933

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35	06009	Chlorine Yes/No	Free: .35 mg/l	Total: ____mg/l
Date Collected: 11/24/25	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: 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): Manuel A Orosco III	Sampler/ Operator ID# NM 07736	Phone Number: (575) 740-2718	
Relinquished by (signature):		Date: 11/25/25	Time: (24 hr.) 09:15
Received by name: R Terrazas	Signature: R Terrazas	Date: 11-25-25	Time: (24 hr.) 09:15
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: 11-25-25 Time (24 hr) 13:14	Volume Assayed: 100 ml
Finish Date: 11-26-25 Time (24 hr) 13:24	TC (P/A) EC (P/A)
First Analyst: R. Terrazas Date: 11-26-25	Time (24 hr) 13:24
Pino Altos MDWCA P.O Box 1798 Silver City, NM 88062 Send Report to following Address	

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

EPA: 141001-2011

LIMS Report #: 1844820 **Request Id:** 2594228

WSS: JOHNSON, MARK
PINOS ALTOS MDWCA
PO BOX 1798
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: Shipping container sealed

Sample #: 2025015663
Sample Type: Water

Date Collected: 6/2/2025 17:00
Date Received: 6/4/2025 13:38
Date Reported: 7/24/2025
Temp at Receipt (deg C): 4.1

Sample Note:

Lab: DBP

EPA 552.2 SDWA Haloacetic Acids (HAA5) **pH in lab: 6**

Extraction Date: 6/5/2025 10:15

Analysis Date: 6/6/2025 10:01

	Result	Units	MRL	MCL	Analyst initials	Data Qualifier
Monochloroacetic Acid (MCAA)	<0.91	µg/L	0.91	60	EJB	U
Monobromoacetic Acid (MBAA)	<0.71	µg/L	0.71	60	EJB	U
Dichloroacetic Acid (DCAA)	0.59	µg/L	0.45	60	EJB	
Trichloroacetic Acid (TCAA)	<0.25	µg/L	0.25	60	EJB	U
Dibromoacetic Acid (DBAA)	2.0	µg/L	0.25	60	EJB	
Total Haloacetic Acids (HAA5)	2.6	µg/L	0.51	60	EJB	

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.

ng/L - nanograms of analyte in a liter of water.

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.

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 7181

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 10609		Chlorine Yes/No	Free: .30 mg/l	Total: ____ mg/l
Date Collected: 10/20/25	Time Collected (24 hr): 16:48			

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: RT203	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 Orosco III	Sampler/ Operator ID# NM 07730	Phone Number: (575) 740-2718	
Relinquished by (signature):		Date: 10/21/25	Time: (24 hr.) 09:30
Received by name:	Signature:	Date: 10/21/25	Time: (24 hr.) 09:30
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: 10/21/25 Time (24 hr) 1315	Volume Assayed: 100 ml
Finish Date: 10/22/25 Time (24 hr) 1330	TC (P/A) 0 EC (P/A) 0
First Analyst: M Orosco Date: 10/22/25	Time (24 hr) 1330

Pino Altos MDWCA
P.O Box 1798
Silver City

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 7117

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 LL609		Chlorine Yes/No	Free: .23 mg/l	Total: ____mg/l
Date Collected: 9/8/25	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 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 Orosco Jr	Sampler/ Operator ID# NM 27730	Phone Number: (575) 740-2718	
Relinquished by (signature):		Date: 9/9/25	Time: (24 hr.) 09:40
Received by name: Juliana Muniz	Signature:	Date: 09/09/25	Time: (24 hr.) 09:40
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: 9/9/25	Time (24 hr) 1325	Volume Assayed: 100 ml	
Finish Date: 9/10/25	Time (24 hr) 1345	TC (P/A)	EC (P/A)
First Analyst: M. Orosco	Date: 9/10/25	Time (24 hr)	1345

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 7157

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 10609		Chlorine Yes/No	Free: .29 mg/l	Total: ____ mg/l
Date Collected: 8/18/25	Time Collected (24 hr): 18:25			

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 07730	Phone Number: (575) 746-2718	
Relinquished by (signature):		Date: 8/19/25	Time: (24 hr.) 1040
Received by name: Skye Fischer	Signature:	Date: 8/19/25	Time: (24 hr.) 1040
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: 8/19/25	Time (24 hr) 1325	Volume Assayed: 100	ml
Finish	Date: 8/20/25	Time (24 hr) 1330	TC (P/A)	EC (P/A)
First Analyst: Skye Fischer	Date: 8/20/25		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 5256

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 10609		Chlorine Yes/No	Free: 22 mg/l	Total: ____mg/l
Date Collected: 7/7/25	Time Collected (24 hr): 17:00			

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

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

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

Collected By (print): Manuel A Orosco II	Sampler/ Operator ID# NM 07730	Phone Number: (575) 746-2718	
Relinquished by (signature): [signature]		Date: 7/8/25	Time: (24 hr.) 08:10
Received by name: Skye Fischer	Signature: [signature]	Date: 7/8/25	Time: (24 hr.) 0810
Relinquished by name:	Signature:	Date:	Time: (24 hr.)
Received by name:	Signature:	Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative: Ice Yes/ No	Comments:		

Test			**Test Results**	
Start	Date: 7/9/25	Time (24 hr) 1329	Volume Assayed: 100	ml
Finish	Date: 7/9/25	Time (24 hr) 1329	TC (P/A)	EC (P/A)
First Analyst: Skye Fischer		Date: 7/9/25	Time (24 hr) 1329	

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** 4056

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 10609	Chlorine Yes/No	Free: .38 mg/l	Total: ____ mg/l	
Date Collected: 6/2/25	Time Collected (24 hr): 1700			

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# NM 07730	Phone Number: (575) 740-2718	
Relinquished by (signature):		Date: 6/3/25	Time: (24 hr.) 0925
Received by name: Skye Fischer	Signature:	Date: 6/3/25	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: 6/3/25	Time (24 hr) 1332	Volume Assayed: 100	ml
Finish	Date: 6/4/25	Time (24 hr) 1332	TC (P/A)	EC (P/A)
First Analyst: Skye Fischer		Date: 6/4/25	Time (24 hr) 100	

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** 5274

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 LO1609		Chlorine Yes/No	Free: .37 mg/l	Total: ____ mg/l
Date Collected: 5/19/25	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 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 d Orozco II	Sampler/ Operator ID# NM 02730	Phone Number: (575) 740-2718	
Relinquished by (signature):		Date: 5/20/2025	Time: (24 hr.) 0910
Received by name: Skye Fischer	Signature:	Date: 5/20/25	Time: (24 hr.) 0910
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: 5/20/25	Time (24 hr) 1324	Volume Assayed: 100	ml
Finish	Date: 5/20/25	Time (24 hr) 1327	TC (P/A)	EC (P/A)
First Analyst: Skye Fischer		Date: 5/20/25	Time (24 hr)	1327

Pino Altos MDWCA
P.O Box 1798
Silver City, NM88062
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** 4160

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 02609		Chlorine Yes/No	Free: .44 mg/l	Total: ____ mg/l
Date Collected: 4/7/25	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: RT 001	Location: 17 Buck 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) 246-2718	
Relinquished by (signature):		Date: 4/8/25	Time: (24 hr.) 10.50
Received by name: Skye Fischer	Signature:	Date: 4/8/25	Time: (24 hr.) 1050
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: 4/8/25	Time (24 hr) 1331	Volume Assayed: 100	ml
Finish	Date: 4/9/25	Time (24 hr) 1331	TC (P/A)	EC (P/A)
First Analyst: Skye Fischer		Date: 4/9/25	Time (24 hr) 1331	

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** 4228

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 10109	Chlorine Yes/No	Free: .44 mg/l	Total: ____ mg/l	
Date Collected: 3/10/25	Time Collected (24 hr): 17:50			

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 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): Manuel d Orozco III	Sampler/ Operator ID# NM 07730	Phone Number: (575) 746-2718	
Relinquished by (signature):		Date: 3/11/25	Time: (24 hr.) 0750
Received by name: Skye Fischer	Signature:	Date: 3/11/25	Time: (24 hr.) 0750
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: 3/11/25	Time (24 hr) 1331	Volume Assayed: 100	ml
Finish	Date: 3/12/25	Time (24 hr) 1331	TC (P/A)	EC (P/A)
First Analyst: Skye Fischer		Date: 3/12/25	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** 5036

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 10609		Chlorine Yes/No	Free: .40 mg/l	Total: ____mg/l
Date Collected: 2-17-25	Time Collected (24 hr): 14:00			

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 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 A Orosco III	Sampler/ Operator ID#	Phone Number: (575) 740-2718	
Relinquished by (signature): M. Lee III	NM 07730	Date: 2-18-25	Time: (24 hr.) 1027
Received by name: Skye Fischer	Signature:	Date: 2/18/25	Time: (24 hr.) 1027
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: 2/18/25	Time (24 hr) 1324	Volume Assayed: 100	ml
Finish	Date: 2/19/25	Time (24 hr) 1326	TC (P/A)	EC (P/A)
First Analyst: Skye Fischer		Date: 2/19/25	Time (24 hr) 1326	

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** 5275

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 10609		Chlorine Yes/No	Free: .36 mg/l	Total: ____ mg/l
Date Collected: 1-20-25	Time Collected (24 hr): 15:00			

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: 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): Manuel A Orosco III	Sampler/ Operator ID# NM 07730	Phone Number: (575)740-2718	
Relinquished by (signature):		Date: 1-21-25	Time: (24 hr.) 1040
Received by name: Skye Fischer	Signature:	Date: 1/21/25	Time: (24 hr.) 1040
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: 1/21/25	Time (24 hr) 1318	Volume Assayed: 100	ml
Finish	Date: 1/22/25	Time (24 hr) 1318	TC (P/A)	EC (P/A)
First Analyst: Skye Fischer	Date: 1/21/25		Time (24 hr) 1318	

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

SCANNED