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 2190

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 1006-09		Chlorine Yes/No	Free: .46 mg/l	Total: ____ mg/l
Date Collected: 12/19/22	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 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 d Orosco III	Sampler/ Operator ID# NM 02730	Phone Number: 575-746-2718	
Relinquished by (signature):		Date: Dec 20, 2022	Time: (24 hr.) 11:00
Received by name: Chris	Signature: Chris	Date: 12.20.22	Time: (24 hr.) 1105
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: 12.20.22	Time (24 hr) 1310	Volume Assayed: 100 ml
Finish	Date: 12.21.22	Time (24 hr) 1310	TC (P/A) EC (P/A)
First Analyst: Chris		Date: 12.21.22	Time (24 hr) 1310

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 2189

Water Supply System Name: Pino Altos MDWCA				
WSS Code No. (5 digits) NM35 LCo-09		Chlorine Yes/No	Free: .60 mg/l	Total: ____mg/l
Date Collected: 11-14-22	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): Mariano Orosco II	Sampler/ Operator ID# NM 07730	Phone Number: 575-740-2718	
Relinquished by (signature): M. Orosco II		Date: 11-15-22	Time: (24 hr.) 08:12
Received by name: [illegible]	Signature: [illegible]	Date: 11-15-22	Time: (24 hr.) 0812
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: 11-15-22	Time (24 hr) 1325	Volume Assayed: 100	ml
Finish	Date: 11-16-22	Time (24 hr) 1325	TC (P/A)	EC (P/A)
First Analyst: [illegible]		Date: 11-16-22	Time (24 hr) 1325	

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: 141001-2022

LIMS Report #: 1503345

Request Id: 2555415

GEDGAUDAS, THOMAS M.
WSS: 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: 17 ROCK ST
Sampling Point ID: TTHM-IND
Facility ID: 10609000
COC Initiated: Yes
Condition of Seal: Shipping container sealed
Sampling Documentation: COMPLIANCE

Sample #: 2022121962
Sample Type: Water

Date Collected: 8/24/2022 12:30
Date Received: 8/25/2022 12:18
Date Reported: 9/16/2022
Temp at Receipt (deg C): 3.0

Sample Note:

Lab: DBP
EPA 524.2 SDWA Total Trihalomethanes (TTHM)

pH in lab: 7

CAS#	FRDS#	Analysis Date: 08/31/2022 10:22	Result	Units	MRL	MCL	Analyst initials	Data Qualifier
75-27-4	2943	Bromodichloromethane	1.6	µg/L	0.10	80	DD	
75-25-2	2942	Bromoform	13	µg/L	0.10	80	DD	
67-66-3	2941	Chloroform	<0.10	µg/L	0.10	80	DD	U
124-48-1	2944	Dibromochloromethane	6.1	µg/L	0.10	80	DD	
	2950	Total Trihalomethanes	21	µg/L	0.50	80		

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.

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** 2188

Water Supply System Name: Rno Altos MDWCA				
WSS Code No. (5 digits) NM35 L06-09		Chlorine Yes/No	Free: .69 mg/l	Total: ____ mg/l
Date Collected: 10/24/22	Time Collected (24 hr): 16:04			

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 Orosco III	Sampler/ Operator ID# NM 07730	Phone Number: 575-740-2719	
Relinquished by (signature):		Date: 10/25/2022	Time: (24 hr.) 08:31
Received by name:	Signature:	Date: 10-25-22	Time: (24 hr.) 0831
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: 10-25-22	Time (24 hr) 1310	Volume Assayed: 100 ml	
Finish Date: 10-26-22	Time (24 hr) 1310	TC (P/A)	EC (P/A)
First Analyst:	Date: 10-26-22	Time (24 hr) 1310	

P.no 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 2187

Water Supply System Name: Pinos Altos MDWCA				
WSS Code No. (5 digits) NM35 1006-09		Chlorine Yes/No	Free: .71 mg/l	Total: ____mg/l
Date Collected: 9/13/22	Time Collected (24 hr): 07:00			

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 Deoscyd	Sampler/ Operator ID# NM 67750	Phone Number: 575-740-2718	
Relinquished by (signature):		Date: 9/13/22	Time: (24 hr.) 09:08
Received by name: Chris	Signature:	Date: 9.13.22	Time: (24 hr.) 0905
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: 9.13.22	Time (24 hr) 1325	Volume Assayed: 100 ml
Finish	Date: 9.14.22	Time (24 hr) 1325	TC (P/A) EC (P/A)
First Analyst: Chris	Date: 9.14.22	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 2192

Water Supply System Name: Pinos Altos MDWCA as per Manny Orosco 9-1-22				
WSS Code No. (5 digits) NM35 10609		Chlorine Yes/No	Free: 0.22 mg/l	Total: ____ mg/l
Date Collected: 8/23/22	Time Collected (24 hr): 09:00			

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 Orosco IV	Sampler/ Operator ID# NM 07730	Phone Number: 575-740-2718	
Relinquished by (signature):		Date: 8/23/22	Time: (24 hr.) 09:00
Received by name: chi	Signature: chi	Date: 8.23.22	Time: (24 hr.) 09:00
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: 8.23.22	Time (24 hr) 0903	Volume Assayed: 100 ml	
Finish	Date: 8.24.22	Time (24 hr) 0903	TC (P/A)	EC (P/A)
First Analyst: chi	Date: 8.24.22	Time (24 hr) 0903		

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 2184

Water Supply System Name: Pinos Altos & MDWCA				
WSS Code No. (5 digits) NM35 106-09		Chlorine Yes/No	Free: .59 mg/l	Total: ____ mg/l
Date Collected: 7/18/22	Time Collected (24 hr): 17:10			

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 02730	Phone Number: 575-740-2718	
Relinquished by (signature):		Date: 7/19/22	Time: (24 hr.) 09:14
Received by name: Chris	Signature: Chris	Date: 7-19-22	Time: (24 hr.) 09:14
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: 7-19-22	Time (24 hr)	1320	Volume Assayed:	100 ml
Finish	Date: 7-20-22	Time (24 hr)	1320	TC (P/A)	EC (P/A)
First Analyst: Chris		Date: 7-20-22		Time (24 hr)	1320

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 2185

Water Supply System Name: Pinos Altos MDWCA				
WSS Code No. (5 digits) NM35 LD0-09		Chlorine Yes/No	Free: .23 mg/l	Total: ____mg/l
Date Collected: 6/20/22	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: 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 (uS/cm)	Temp (°C):
Comments:			

Collected By (print): Tammy A Orosco II	Sampler/ Operator ID# NM 027736	Phone Number: (575) 956-2718	
Relinquished by (signature):		Date: 6/21/22	Time: (24 hr.) 0913
Received by name:	Signature:	Date: 6.21.22	Time: (24 hr.) 0913
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: 6.21.22	Time (24 hr) 1322	Volume Assayed: 100 ml	
Finish	Date: 6.22.22	Time (24 hr) 1322	TC (P/A)	EC (P/A)
First Analyst:		Date: 6.22.22	Time (24 hr) 1322	

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** 2183

Water Supply System Name: Pinos Altos MDWCA				
WSS Code No. (5 digits) NM35 10009		Chlorine (Yes)/No	Free: .52 mg/l	Total: ____mg/l
Date Collected: 5/16/22	Time Collected (24 hr): 17:10			

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 Orosco Jr	Sampler/ Operator ID# NM 07730	Phone Number: 575-744-2718	
Relinquished by (signature):		Date: May 17, 2022	Time: (24 hr.) 08:10
Received by name:	Signature:	Date: 5.17.22	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: 5.17.22	Time (24 hr) 1315	Volume Assayed: 100	ml
Finish	Date: 5.18.22	Time (24 hr) 1315	TC (P/A)	EC (P/A)
First Analyst:		Date: 5.18.22	Time (24 hr) 1315	

Pinos Altos MDWCA
P.O Box 178
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 2182

Water Supply System Name: Pinos Altos MDWCA				
WSS Code No. (5 digits) NM35 L06-09		Chlorine Yes/No	Free: .21 mg/l	Total: ____mg/l
Date Collected: 4/25/2022	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 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 Ortiz	Sampler/ Operator ID# NM 02736	Phone Number: 575-746-2716	
Relinquished by (signature):		Date: Apr. 26, 2022	Time: (24 hr.) 09:11
Received by name:	Signature:	Date: 4.26.22	Time: (24 hr.) 0911
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: 4.26.22	Time (24 hr) 1310	Volume Assayed: 100	ml
Finish	Date: 4.27.22	Time (24 hr) 1310	TC (P/A)	EC (P/A)
First Analyst:		Date: 4.27.22	Time (24 hr) 1310	

Pinos 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 2181

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: 3/7/22	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: 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 Urosquieta	Sampler/ Operator ID# NM 07730	Phone Number: 575-746-2718	
Relinquished by (signature):		Date: 3/8/22	Time: (24 hr.) 8:19
Received by name: Chino	Signature: Chino	Date: 3-8-22	Time: (24 hr.) 0819
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: 3-8-22	Time (24 hr)	1332	Volume Assayed:	ml
Finish	Date: 3-9-22	Time (24 hr)	1332	TC (P/A)	EC (P/A)
First Analyst:		Date: 3-9-22		Time (24 hr) 1332	

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 2180

Water Supply System Name: Pinos Altos MDWCA			
WSS Code No. (5 digits) NM35 ~~2220~~ 106-06	Chlorine Yes/No	Free: .58 mg/l	Total: ____mg/l
Date Collected: 2/7/22	Time Collected (24 hr): 16:40		

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 (uS/cm)	Temp (°C):
Comments:			

Collected By (print): Raymond Orosco	Sampler/ Operator ID# NM 07736	Phone Number: 575-313-5867	
Relinquished by (signature):		Date: 2/8/22	Time: (24 hr.) 08:45AM
Received by name: chris	Signature:	Date: 2-8-22	Time: (24 hr.) 0845
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: 2-8-22	Time (24 hr) 1335	Volume Assayed:	100 ml
Finish	Date: 2-9-22	Time (24 hr) 1335	TC (P/A)	EC (P/A)
First Analyst: chris		Date: 2-9-22	Time (24 hr)	1335

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 2176

Water Supply System Name: Pinos Altos MDWCA				
WSS Code No. (5 digits) NM35 10409		Chlorine Yes/No	Free: 0.13 mg/l	Total: ____ mg/l
Date Collected: Jan 3 2022	Time Collected (24 hr): 16:40			

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 (uS/cm)	Temp. (°C):
Comments:			

Collected By (print): Manny A Crosscup	Sampler/ Operator ID# NM 07730	Phone Number: 575-746-2718	
Relinquished by (signature):		Date: Jan 4, 2022	Time: (24 hr.) 08:34
Received by name: Chris	Signature:	Date: 1.4.22	Time: (24 hr.) 0934
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: 1.4.22	Time (24 hr) 1330	Volume Assayed: 100 ml	
Finish	Date: 1.5.22	Time (24 hr) 1330	TC (P/A)	EC (P/A)
First Analyst: Chris		Date: 1.5.22	Time (24 hr) 1330	

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

Send Report to following Address