AV Water Collected Samples

Sample Location	Date Collected	Sample Number	Total Coliforms per 100 mL	E.coli per 100 mL	Chlorine Residual (mg/L)
35 Raod 5293	8/17/2016	60413	Absent	Absent	0.53
15 Road 5294	8/17/2016	60414	Absent	Absent	0.3
11 Road 3187	8/17/2016	60417	Absent	Absent	0.4
8 Road 3186	8/17/2016	60419	Absent	Absent	0.35
22 Road 3323	8/17/2016	60421	Absent	Absent	0.52
20 Road 3322	8/17/2016	60422	Absent	Absent	0.57
10 Road 3185	8/17/2016	60423	Absent	Absent	0.48
19 Road 3320	8/17/2016	60424	Absent	Absent	1.49
5 Road 3146	8/17/2016	60425	Absent	Absent	1.38
7 Road 33190	8/17/2016	60426	Absent	Absent	0.13
8 Road 3146	8/17/2016	60428	Absent	Absent	0.44
13 Road 33200	8/17/2016	60429	Absent	Absent	0.35
28 Road 3180	8/17/2016	60432	Absent	Absent	0.48
11 Road 3148	8/17/2016	60433	Absent	Absent	0.54
391 Road 3100	8/17/2016	60434	Absent	Absent	0.74
119 Road 3141	8/17/2016	60435	Absent	Absent	0.47
47 Road 3142	8/17/2016	60436	Absent	Absent	0.35
43 Road 3141	8/17/2016	60437	Absent	Absent	0.45
9 Road 3629	8/17/2016	60438	Absent	Absent	0.68
10 Road 3141	8/17/2016	60440	Absent	Absent	0.26
69 Road 3720	8/17/2016	60441	Absent	Absent	0.10
51 Road 3721	8/17/2016	60443	Absent	Absent	0.61
112 Road 3721	8/17/2016	60444	Absent	Absent	0.23
18 Road 3632	8/17/2016	60446	Absent	Absent	0.64
16 Road 3936	8/18/2016	60232	Absent	Absent	1.50
23 Road 3697	8/18/2016	60233	Absent	Absent	1.80
10 Road 5584	8/18/2016	60439	Absent	Absent	1.01
60 Road 5580	8/18/2016	60442	Absent	Absent	0.72
4 Road 5589	8/18/2016	60445	Absent	Absent	0.78
26 Road 5577	8/18/2016	60447	Absent	Absent	0.77
45 Road 5575	8/18/2016	60448	Absent	Absent	0.89
26 Road 3937	8/18/2016	60451	Absent	Absent	0.41
232 Road 3950	8/18/2016	60452	Absent	Absent	1.40
31 Road 3900	8/18/2016	60453	Absent	Absent	1.32
143 Road 3950	8/18/2016	60454	Absent	Absent	1.31
26 Road 3962	8/18/2016	60455	Absent	Absent	1.10
8 Road 5578	8/18/2016	60456	Absent	Absent	0.68
306 Road 3950	8/18/2016	60458	Absent	Absent	1.31
114 Road 3777	8/18/2016	60459	Absent	Absent	0.07
36 Road 3777	8/18/2016	60460	Absent	Absent	1.21

306 Road 3950	8/18/2016	60461	Absent	Absent	1.31
17 Road 3939	8/18/2016	60462	Absent	Absent	0.79
1294 Moonlight Mesa	8/18/2016	60464	Absent	Absent	0.66
785 Road 3000	8/18/2016	60466	Absent	Absent	1.00
7 Road 3674	8/18/2016	60467	Absent	Absent	0.59
2 Road 3954	8/18/2016	60477	Absent	Absent	0.71
10 Road 3177	8/18/2016	60478	Absent	Absent	0.08
20 Road 3935	8/18/2016	60480	Absent	Absent	0.61
690 Road 3000	8/18/2016	60481	Absent	Absent	0.71
10 Road 3959	8/18/2016	60482	Absent	Absent	1.80
4 Road 3641	8/18/2016	60483	Absent	Absent	1.31
232 road 3950	8/18/2016	60234	Absent	Absent	1.10
47 Road 3142	8/18/2016	60235	Absent	Absent	1.40
22 Road 3323	8/18/2016	60237	Absent	Absent	1.60
11 Road 3187	8/18/2016	60238	Absent	Absent	1.20
4 Road 5589	8/18/2016	60239	Absent	Absent	1.80
70 Road 3791	8/18/2016	60449	Absent	Absent	0.87
50 Road 3783	8/18/2016	60450	Absent	Absent	0.37

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60443

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ. NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 2:45 ☐ AM ☒ PM

Collection Location: BT003 #51 Road 3721

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.61 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample # ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO Box 5520
Farmington, NM

c/o Thomas Barrow
609-3953
87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst M Peterson

Date 8-17-16 Time 1603

Completed Analyst

Date 08/18/16 Time 1611

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Heather McDaniel	Heather O. McDaniel	8/17/2016 3:10
Heather McDaniel	Heather O. McDaniel	Donald Jones		8-17-16 1538

Seal intact and sample appropriately chilled upon receipt : ✓ Yes ____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60444

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 - 1 0 5 - 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 2:37 ☐ AM ☒ PM

Collection Location: #112 Road 3721

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.23 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample # ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
Po Box 5520
Farmington, NM 87499

c/o Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: M. Petrosa

Date: 8.17.16 Time: 1603

Completed Analyst:

Date: 08/18/16 Time: 1611

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Heather McDaniel		8/17/2016 3:10
Heather McDaniel		Donald James		8-17-16 1538

Seal intact and sample appropriately chilled upon receipt : ✓ Yes ____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60441

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 2:23 ☐ AM ☒ PM

Collection Location: #69 Road 3720

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.10 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
P.O. Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst M Peterson

Date 8.17.16 Time 1603

Completed Analyst

Date 08/18/16 Time 1611

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo		8/17/2016 2:28 pm
Jeric Jaramillo		M. Peterson	M Peterson	8.17.16 1454

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60464

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 1 : 28 ☐ AM ☒ PM

Collection Location: 1294 Rd Moonlight Mesa

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual .66 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO Box 5520
Farmington, NM 87499

c/o Thomas Barrow
609-3935

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: [signature]

Date 08/18/16 Time 1620

Completed Analyst: M Peterson

Date 8-19-16 Time 1630

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 2:59
Curtis Pattillo	[signature]	M. PETERSON	M Peterson	8-18-2016 @ 1529

Seal intact and sample appropriately chilled upon receipt : X Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60466

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 - 1 0 5 - 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 1 : 52 ☐ AM ☑ PM

Collection Location: RT016 785 Rd 3000

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 1.0 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO Box 5520
Farmington, NM 87499

c/o Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☑

E. coli per 100ml
Present ☐ Absent ☑

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst [signature]

Date 08/18/16 Time 1620

Completed Analyst M. Peterson

Date 8-19-16 Time 1630

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 2:59
Curtis Pattillo	[signature]	M. Peterson	[signature]	8-18-2016 @ 1529

Seal intact and sample appropriately chilled upon receipt : X Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60467

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 0 1 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 2 : 22 ☐ AM ☑ PM

Collection Location: 1 RD 3674

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 0.59 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO Box 5520
Farmington, NM 87499

c/o Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☑

E. coli per 100ml
Present ☐ Absent ☑

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst [signature]

Date 08/18/16 Time 1620

Completed Analyst M Peterson

Date 8·19·2016 Time 1630

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 2:59
Curtis Pattillo	[signature]	M. PETERSON	M Peterson	8.18.2016 @ 1529

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60455

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 1 : 17 ☐ AM ☑ PM

Collection Location: 26 Rd 3962

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 1.10 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst [signature]

Date 08/18/16 Time 1620

Completed Analyst M Peterson

Date 8.19.2016 Time 1630

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 2:59
Curtis Pattillo	[signature]	M. Peterson	[signature]	8.18.2016 01529

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60478

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 0 1 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 2 : 58 ☐ AM ☑ PM

Collection Location: 10 RD 3177

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 0.08 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO Box 5520
Farmington, NM 87499

c/o Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☑

E. coli per 100ml
Present ☐ Absent ☑

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst [signature]

Date 08/18/16 Time 1620

Completed Analyst M. Peterson

Date 8.19.2016 Time 1630

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 2:59
Curtis Pattillo	[signature]	M. Peterson	[signature]	8.18.2016 @ 1629

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60481

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 4 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 2 : 10 ☐ AM ☑ PM

Collection Location: 690 RD 3000

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☑ Yes ☐ No Residual 0.71 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☑

E. coli per 100ml
Present ☐ Absent ☑

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst [signature]

Date 08/18/16 Time 1620

Completed Analyst M Peterson

Date 8·19·2016 Time 1630

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 2:59
Curtis Pattillo	[signature]	M. Peterson	[signature]	8.18.2016 @ 1529

Seal intact and sample appropriately chilled upon receipt : X Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60483

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 2 : 41 ☐ AM ☑ PM

Collection Location: 4 RD 3641

Collected By: Daryl Gore

Operator ID Number: NM 0251 3

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 1.31 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO Box 5520
Farmington, NM 87499

c/o Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☑

E. coli per 100ml
Present ☐ Absent ☑

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst _____

Date 08/18/16 Time 1620

Completed Analyst M. Peterson

Date 8·19·2016 Time 1630

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	Daryl Gore	Curtis Pattillo	Curtis Pattillo	8-18-16 2:59
Curtis Pattillo	Curtis Pattillo	M. PETERSON	M. Peterson	8·18·16 @ 1529

Seal intact and sample appropriately chilled upon receipt : X Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60232

SAMPLE IDENTIFICATION

Water Supply System Name: Mooningstar Water Supply

Billing Code: 02000

WSS Number: NM35-105-24

Population < 1,000 ☐

Facility ID: 10524000

DWB Field Office: Alb

Sample Point ID: SP RT008

COLLECTION INFORMATION

Date Collected: 08/18/2016

Time Collected: 8:31 ☒ AM ☐ PM

Collection Location: RT008 16 Rd 3936

Collected By: Thomas Barrow

Operator ID Number: NM1771

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 1.5 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☒ Routine Distribution TC+ Sample #_____ ☐ Downstream

☐ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water Co.
P.O box 5520
Farmington, N.M.
87499

thomas
609-3453

LABORATORY TEST RESULTS

Drinking Water — Colilert - SM 9223B-2004

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst: [signature]

Date 08/18/16 Time 1555

Completed Analyst: M Peterson

Date 8-19-16 Time 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Thomas Barrow	[signature]	Miranda Begay	[signature]	08/18/16 1505

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

L16175

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60233

SAMPLE IDENTIFICATION

Water Supply System Name: Morningstar Water Supply

Billing Code: 62000

WSS Number: NM35-105-24

Population < 1,000 ☐

Facility ID: 10524000

DWB Field Office: Alb

Sample Point ID: SP RT009

COLLECTION INFORMATION

Date Collected: 08/18/2016

Time Collected: 9:05 ☒ AM ☐ PM

Collection Location: RT009 23 Rd 3697

Collected By: Thomas Barrow

Operator ID Number: NM17791

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 1.8 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☒ Routine Distribution ☐ Repeat Sample ☐ Upstream

☐ Special Sample TC+ Sample #_____ ☐ Downstream

☐ Monitoring Sample ☐ Triggered Source ☐ Original

☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water Co.
P.O. Box 5520
Farmington, NM
87499

Thomas
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst [signature]

Date 08/18/16 Time 1555

Completed Analyst [signature]

Date 8.19.16 Time 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Thomas Barrow	[signature]	Miranda Begay	[signature]	08/18/16 1505

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60234

SAMPLE IDENTIFICATION

Water Supply System Name: Morningstar Water Supply

Billing Code: 62000

WSS Number: NM351052 4

Population < 1,000 ☐

Facility ID: 105240000

DWB Field Office: Alb.

Sample Point ID: SP BT010

COLLECTION INFORMATION

Date Collected: 08/18/2016

Time Collected: 8:03 ☒ AM ☐ PM

Collection Location: BT010 232 Rd 3950

Collected By: Thomas Barrow

Operator ID Number: NM17791

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 1.1 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☒ Routine Distribution TC+ Sample #_____ ☐ Downstream

☐ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AN Water Co. 5520
P.O. Box
Farmington, N.M.
87499

Thomas
609-3953

LABORATORY TEST RESULTS

Drinking Water — Colilert - SM 9223B-2004

Total Coliforms per 100ml: Present ☐ Absent ☒

E. coli per 100ml: Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection

☐ Temperature violation (above 10°C)

☐ Form incomplete. See circled item

☐ Date discrepancy

☐ Leaking sample

☐ Quantity insufficient for testing

☐ Quantity too great to permit agitation

☐ No custody seal

☐ Other _____

Analyst: [signature]

Date: 08/18/16 Time: 1555

Completed Analyst: [signature]

Date: 8.19.16 Time: 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Thomas Barrow	[signature]	Miranda Begay	[signature]	08/18/16 1505

Seal intact and sample appropriately chilled upon receipt: ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60235

SAMPLE IDENTIFICATION

Water Supply System Name: Morningstar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: NM 3 5 - 1 0 5 2 4

Population < 1,000 ☐

Facility ID: 1 0 5 2 4 0 0 0

DWB Field Office: Alb

Sample Point ID: S P R T 0 1 1

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 12:13 ☐ AM ☒ PM

Collection Location: RT 011 47 Rd 3142

Collected By: Thomas Barrow

Operator ID Number: NM 17791

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 1.4 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☒ Routine Distribution TC+ Sample #_____ ☐ Downstream

☐ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water Co.
P.O. Box 5520
Farmington, N.M
87499.

Thomas
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst [signature]

Date 08/18/16 Time 1535

Completed Analyst M Peterson

Date 8-19-16 Time 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Thomas Barrow	[signature]	Miranda Begay	[signature]	08/18/16 1505

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60237

SAMPLE IDENTIFICATION

Water Supply System Name: Morningstar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: NM35-105-24

Population < 1,000 ☐

Facility ID: 1 0 5 2 4 0 0 0

DWB Field Office: Alb.

Sample Point ID: S P R T 0 1 2

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 12:37 ☐ AM ☒ PM

Collection Location: RT 012 22 Rd 3323

Collected By: Thomas Borrow

Operator ID Number: NM17791

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 1.6 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☒ Routine Distribution TC+ Sample #_____ ☐ Downstream

☐ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water Co.
P.O Box 5520
Farmington, NM
87499

Thomas
609-3953

LABORATORY TEST RESULTS

Drinking Water — Colilert - SM 9223B-2004

Total Coliforms per 100ml: Present ☐ Absent ☒

E. coli per 100ml: Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection

☐ Temperature violation (above 10°C)

☐ Form incomplete. See circled item

☐ Date discrepancy

☐ Leaking sample

☐ Quantity insufficient for testing

☐ Quantity too great to permit agitation

☐ No custody seal

☐ Other _____

Analyst: [signature]

Date: 08/18/16 Time: 1555

Completed Analyst: M Peterson

Date: 8-19-16 Time: 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Thomas Borrow	[signature]	Micaela Begay	[signature]	08/18/16 1505

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60238

SAMPLE IDENTIFICATION

Water Supply System Name: Morningstar Water Supply

Billing Code: 62000

WSS Number: NM35-105-2

Population < 1,000 ☐

Facility ID: 1052400

DWB Field Office: Alb

Sample Point ID: SPR7013

COLLECTION INFORMATION

Date Collected: 08/18/2016

Time Collected: 1:07 ☐ AM ☒ PM

Collection Location: RT013 11 Rd 3187

Collected By: Thomas Barrow

Operator ID Number: NM17791

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 1.2 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☒ Routine Distribution TC+ Sample #_____ ☐ Downstream

☐ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water Co.
Farmington, N.M
87499.

Thomas
609.3953

LABORATORY TEST RESULTS

Drinking Water — **Colilert - SM 9223B-2004**

Total Coliforms per 100ml: Present ☐ Absent ☒

E. coli per 100ml: Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst [signature]

Date 08/18/16 Time 1555

Completed Analyst M Peterson

Date 8-19-16 Time 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Thomas Barrow	[signature]	Michael Begg	[signature]	08/18/16 1505

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60239

SAMPLE IDENTIFICATION

Water Supply System Name: Moonlightas Water Supply

Billing Code: 62000

WSS Number: NM35-105-24

Population < 1,000 ☐

Facility ID: 1052 000

DWB Field Office: Alb

Sample Point ID: SP RT014

COLLECTION INFORMATION

Date Collected: 08/18/2016

Time Collected: 1:45 ☐ AM ☒ PM

Collection Location: RT014 4Rd 5589

Collected By: Thomas Barrow

Operator ID Number: NM17791

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 1.8 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☒ Routine Distribution TC+ Sample #_____ ☐ Downstream

☐ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water Co.
PO box 5520
Farmington, N.M.
87499

Thomas
609-3953

LABORATORY TEST RESULTS

Drinking Water — **Colilert - SM 9223B-2004**

Total Coliforms per 100ml: Present ☐ Absent ☒

E. coli per 100ml: Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection

☐ Temperature violation (above 10°C)

☐ Form incomplete. See circled item

☐ Date discrepancy

☐ Leaking sample

☐ Quantity insufficient for testing

☐ Quantity too great to permit agitation

☐ No custody seal

☐ Other _____

Analyst: [signature]

Date: 08/18/16 Time: 1555

Completed Analyst: [signature]

Date: 8-19-16 Time: 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Thomas Barrow	[signature]	Miguel Segura	[signature]	08/18/16 1505

Seal intact and sample appropriately chilled upon receipt: ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60449

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 . 1 0 5 . 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 11 : 16 ☑ AM ☐ PM

Collection Location: 70 Rd 3791

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☑ Yes ☐ No Residual 0.87 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO Box 5520
Farmington, NM 87499

c/o Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: [signature]

Date 08/18/16 Time 1433

Completed Analyst: M Peterson

Date 8-19-2016 Time 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 2:10
Curtis Pattillo	[signature]	Donald James	[signature]	8-18-16 1325

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60450

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 - 1 0 5 - 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 11 : 00 ☑ AM ☐ PM

Collection Location: 50 Rd 3783

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☑ Yes ☐ No Residual 0.37 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☑

E. coli per 100ml
Present ☐ Absent ☑

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: [signature]

Date 08/18/16 Time 1433

Completed Analyst: [signature]

Date 8-19-2016 Time 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 3:10
Curtis Pattillo	[signature]	Donald James	[signature]	8-18-16 1329

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60451

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 12 : 59 ☐ AM ☑ PM

Collection Location: 26 Rd 3937

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☑ Yes ☐ No Residual 0.41 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO Box 5520
Farmington, NM 87499

c/o Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: [signature]

Date 08/18/16 Time 1433

Completed Analyst: L Peterson

Date 8-19-16 Time 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 1:10
Curtis Pattillo	[signature]	Donald James	[signature]	8-18-16 1329

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60453

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 - 1 0 5 - 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 11 : 24 ☒ AM ☐ PM

Collection Location: 31 Rd 3900

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☑ Yes ☐ No Residual 1.32 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO BOX 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: [signature]

Date 08/18/16 Time 1433

Completed Analyst: MPeterson

Date 8-19-2016 Time 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 1110
Curtis Pattillo	[signature]	Donald James	[signature]	8-18-16 1329

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60454

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 12 : 17 ☐ AM ☑ PM

Collection Location: 143 Rd 3950

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 1.31 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO Box 5520
Farmington, NM 87499

c/o Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☑

E. coli per 100ml
Present ☐ Absent ☑

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst [signature]

Date 08/18/16 Time 1433

Completed Analyst M Peterson

Date 8.19.2016 Time 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pahillo	[signature]	8-18-16 1:10
Curtis Pahillo	[signature]	Donald James	[signature]	8-18-16 1329

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60458

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 10 : 45 ☒ AM ☐ PM

Collection Location: 306 Rd 3950

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 1.31 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO. Box 5520
Farmington, NM 87499

c/o Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst _____

Date 08/18/16 Time 1433

Completed Analyst _____

Date 8.19.2016 Time 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Curtis Pattillo		8-18-16 1:10
Curtis Pattillo		Donald James		8-18-16 1329

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60462

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 12 : 24 ☐ AM ☑ PM

Collection Location: 17 Rd 3939

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☑ Yes ☐ No Residual 0.79 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO Box 5520
Farmington, NM 87499

C/o Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst

Date 08/18/16 Time 1433

Completed Analyst U Peterson

Date 8-19-16 Time 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Curtis Patillo		8-18-16 1:10
Curtis Patillo		Donald James		8-18-16 1329

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60477

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 12 : 32 ☐ AM ☑ PM

Collection Location: 2 Rd 3954

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☑ Yes ☐ No Residual 0.71 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: [signature]

Date 08/18/16 Time 1433

Completed Analyst: [signature]

Date 8-19-16 Time 1106

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Patillo	[signature]	8-18-16 2:10
Curtis Patillo	[signature]	Donald Jamal	[signature]	8-18-16 1328

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60480

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 12 : 49 ☐ AM ☑ PM

Collection Location: 20 Rd 3935 RT001

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 0.61 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 5520 609-3953
Farmington, NM, 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst [signature]

Date 08/18/16 Time 1433

Completed Analyst M. Peterson

Date 8-19-16 Time 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 1:10
Curtis Pattillo	[signature]	Donald J	[signature]	8-18-16 1325

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60482

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 1 : 06 ☐ AM ☑ PM

Collection Location: RT0015 10Rd 3959

Collected By: Daryl Gore

Operator ID Number: NM025

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☑ Yes ☐ No Residual 1.80 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 5520 609-3953
Farmington NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: [signature]

Date 08/18/16 Time 1433

Completed Analyst: M Peterson

Date 8-19-16 Time 1606

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 1:10
Curtis Pattillo	[signature]	Donald James	[signature]	8-18-16 1329

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60439

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 2 6 0 0

WSS Number: N M 3 5 - 1 0 5 - 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 / 1 8 2 0 1 6

Time Collected: 8 : 46 ☒ AM ☐ PM

Collection Location: RT 021 10 Rd 5584

Collected By: Daryl Gore

Operator ID Number: NM D2513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 1.01 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample # ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO Box 5520
Farmington, NM

c/o Thomas Barrow
609-3953
87499

LABORATORY TEST RESULTS

Drinking Water — Colilert - SM 9223B-2004

Total Coliforms per 100ml: Present ☐ Absent ☒

E. coli per 100ml: Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection

☐ Temperature violation (above 10°C)

☐ Form incomplete. See circled item

☐ Date discrepancy

☐ Leaking sample

☐ Quantity insufficient for testing

☐ Quantity too great to permit agitation

☐ No custody seal

☐ Other

Analyst: [signature]

Date 08/18/16 Time 1143

Completed Analyst: [signature]

Date 8-19-2016 Time 1248

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 10:30
Curtis Pattillo	[signature]	Miranda Rogers	[signature]	08/18/16 1102

Seal intact and sample appropriately chilled upon receipt: ✓ Yes ____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

L1675

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60442

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 / 8 2 0 1 6

Time Collected: 8 : 53 ☑ AM ☐ PM

Collection Location: RT007 60 Rd 5580

Collected By: Daryl Gore

Operator ID Number: NM D2513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 0.72 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☑ Routine Distribution~~ TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water — Colilert - SM 9223B-2004

Total Coliforms per 100ml: Present ☐ Absent ☑

E. coli per 100ml: Present ☐ Absent ☑

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst [signature]

Date 08/18/16 Time 1143

Completed Analyst [signature]

Date 8-18-2016 Time 1248

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 10:30
Curtis Pattillo	[signature]	Miranda Begay	[signature]	08/18/16 1102

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60445

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 / 8 2 0 1 6

Time Collected: 8 : 36 ☒ AM ☐ PM

Collection Location: RT 014 4 Rd. 5589

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 0.78 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

	☐ Repeat Sample	☐ Upstream
~~☒ Routine Distribution~~	TC+ Sample #_____	☐ Downstream
☒ Special Sample	☐ Triggered Source	☐ Original
☐ Monitoring Sample	☐ Triggered Source Repeat	☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO Box 5520
Farmington, NM 87499

c/o Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst: [signature]

Date 08/18/16 Time 1143

Completed Analyst: N Peterson

Date 8-19-2016 Time 1248

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 10:30
Curtis Pattillo	[signature]	Miranda Begay	[signature]	08/18/16 1102

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60461

SAMPLE IDENTIFICATION

Water Supply System Name: Morningstar Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 10 : 05 ☒ AM ☐ PM

Collection Location: 306 RD 3950

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 1.31 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 5520
Farmington, NM 87499 609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst [signature]
Date 08/18/16 Time 1143

Completed Analyst M Peterson
Date 8.19.2016 Time 1248

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Patillo	[signature]	8-18-16 10:30
Curtis Patillo	[signature]	Miranda Bogey	[signature]	08/18/16 1102

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60460

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 10 : 18 ☒ AM ☐ PM

Collection Location: RT017 36 Rd 3777

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 1.21 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst: Mirella Begay

Date 08/18/16 Time 1143

Completed Analyst: M Peterson

Date 8-19-2016 Time 1248

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
DARYL GORE	[signature]	Curtis Pacillo	[signature]	8-18-16 10:30
CURTIS PACILLO	[signature]	Mirella Begay	[signature]	08/18/16 1102

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60459

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 10 : 28 ☒ AM ☐ PM

Collection Location: 114 Rd 3777

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 0.07 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO Box 5520
Farmington, NM 87499

c/o Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst [signature]

Date 08/18/16 Time 1143

Completed Analyst M Peterson

Date 8-19-2016 Time 1248

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Portillo	[signature]	8-18-16 10:30
Curtis Portillo	[signature]	Miranda Begay	[signature]	08/18/16 1102

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60456

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 9 : 07 ☒ AM ☐ PM

Collection Location: 8 Rd 5578

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 0.68 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst [signature]

Date 08/18/16 Time 1143

Completed Analyst M. Peterson

Date 8-19-2016 Time 1248

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Padilla	[signature]	8-18-16 10:30
Curtis Padilla	[signature]	[signature]	[signature]	08/18/16 1102

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60452

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 9 : 54 ☒ AM ☐ PM

Collection Location: RT 010 232 Rd 3950

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 1.40 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst: [signature]
Date 08/18/16 Time 9:43

Completed Analyst: [signature]
Date 8-19-2016 Time 1248

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 10:30
Curtis Pattillo	[signature]	Miranda Begay	[signature]	08/18/16 1102

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60448

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 - 1 0 5 - 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 8 : 28 ☑ AM ☐ PM

Collection Location: #45 Road 5575

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual .89 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☑

E. coli per 100ml
Present ☐ Absent ☑

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst [signature]

Date 08/18/16 Time 1143

Completed Analyst [signature]

Date 8-19-2016 Time 1248

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl L Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 10:30
Curtis Pattillo	[signature]	Mirnal Begay	[signature]	08/18/16 1102

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60447

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 4 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 8 2 0 1 6

Time Collected: 9 : 43 ☒ AM ☐ PM

Collection Location: 26 Rd 5577

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.77 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☐ Routine Distribution TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: [signature]
Date 08/18/16 Time 1143

Completed Analyst: M Peterso
Date 8-19-2016 Time 1248

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Curtis Pattillo	[signature]	8-18-16 10:30
Curtis Pattillo	[signature]	Miranda Begay	[signature]	08/18/16 1102

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60432

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 11 :40 ☒ AM ☐ PM

Collection Location: #88 Road 3180

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.48 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: M Peterson
Date: 8·17·2016 Time: 1438

Completed Analyst:
Date: 08/18/16 Time: 1446

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo		08/17/2016 1:00pm
Jeric Jaramillo		M. Peterson	M Peterson	8.17.2016 @1354

Seal intact and sample appropriately chilled upon receipt : X Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60429

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 11 : 53 ☒ AM ☐ PM

Collection Location: #13 Road 33200

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.35 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

S. ~~☒ Routine Distribution~~ TC+ Sample # ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO BOX 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: M Peterson

Date: 8·17·2016 Time: 1438

Completed Analyst:

Date: 08/18/16 Time: 1496

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo		8/17/2016 1:00PM
Jeric Jaramillo		M. Peterson		8·17·2016 @ 1354

Seal intact and sample appropriately chilled upon receipt : X Yes ____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60428

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 12 :34 ☐ AM ☒ PM

Collection Location: #8 Road 3146

Collected By: Daryl Gore

Operator ID Number: NM 02 513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.44 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample # ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
Po Box 5520
Farmington, NM 87499

c/o Thomas Barrow
609 - 3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst N Peterson

Date 8·17·2016 Time 1438

Completed Analyst

Date 08/18/16 Time 1446

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo		8/17/2016 1:00pm
Jeric Jaramillo		N. Peterson		8·17·2016 @1354

Seal intact and sample appropriately chilled upon receipt : X Yes ____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60426

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 12:55 ☐ AM ☒ PM

Collection Location: #7 Road 33190

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 0.13 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO BOX 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst: M Peterson

Date: 8·17·2016 Time: 1438

Completed Analyst: [signature]

Date: 08/18/16 Time: 1446

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Jeric Jaramillo	[signature]	8/17/2016 1:00pm
Jeric Jaramillo	[signature]	M. PETERSON	M Peterson	8·17·2016 @ 1354

Seal intact and sample appropriately chilled upon receipt: X Yes ____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60425

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 12 :45 ☐ AM ☒ PM

Collection Location: #5 Road 3146

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 1.38 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
P.O. Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst: N Peterson

Date 8·17·2016 Time 1438

Completed Analyst: [signature]

Date 08/18/16 Time 1446

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Jeric Jaramillo	[signature]	8/17/2016 1:00pm
Jeric Jaramillo	[signature]	N. Peterson	[signature]	8·17·2016 @1354

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60423

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 2000

WSS Number: NM3510524

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: SP

COLLECTION INFORMATION

Date Collected: 08 17 2016

Time Collected: 10:27 ☒ AM ☐ PM

Collection Location: RT006 #10 Road 3185

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☐ Yes ☐ No Residual 0.48 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample # ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
P.O. Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst M. Peterson

Date 8.17.2016 Time 1438

Completed Analyst

Date 08/18/16 Time 1446

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo		8/17/2016 1:00pm
Jeric Jaramillo		M. Peterson		8.17.2016 @ 1354

Seal intact and sample appropriately chilled upon receipt : X Yes ____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60419

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 10:16 ☒ AM ☐ PM

Collection Location: RT020 #8 Road 3186

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☑ Yes ☐ No Residual 0.35 mg/L

TESTING REQUIRED

Check One

☑ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☑ Routine Distribution~~ TC+ Sample # ☐ Downstream

☑ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow

PO Box 5520 609-3933

Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml: Present ☐ Absent ☒

E. coli per 100ml: Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection

☐ Temperature violation (above 10°C)

☐ Form incomplete. See circled item

☐ Date discrepancy

☐ Leaking sample

☐ Quantity insufficient for testing

☐ Quantity too great to permit agitation

☐ No custody seal

☐ Other

Analyst: N Peterson

Date 8-17-2016 Time 1438

Completed Analyst:

Date 08/18/16 Time 1446

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo	Jeric Jaramillo	8/17/2016 1:09pm
Jeric Jaramillo	Jeric Jaramillo	N. PETERSON	N Peterson	8-17-2016 @ 1354

Seal intact and sample appropriately chilled upon receipt: X Yes ____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60417

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 10 : 06 ☒ AM ☐ PM

Collection Location: RT 013 #11 Rd 3187

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.40 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow

PO Box 5520 609-3953

Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst M Peterson

Date 8·17·2016 Time 1438

Completed Analyst

Date 08/18/16 Time 1446

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo		8/17/2016 1:00pm
Jeric Jaramillo		M. PETERSON		8·17·2016 @ 1354

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60414

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 8 17 2016

Time Collected: 9 : 43 ☒ AM ☐ PM

Collection Location: 15 Rd 5294

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.30 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample # ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO Box 5520 609-3453
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water — Colilert - SM 9223B-2004

Total Coliforms per 100ml: Present ☐ Absent ☒

E. coli per 100ml: Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: M Peterson

Date 8·17·2016 Time 1438

Completed Analyst:

Date 08/18/16 Time 1446

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo		8/17/2016 1100
Jeric Jaramillo		M. Peterson	M Peterson	8·17·2016 @ 1354

Seal intact and sample appropriately chilled upon receipt : X Yes ____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60413

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 - 1 0 5 - 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 9:28 ☒ AM ☐ PM

Collection Location: #35 Road 5293

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.53 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample # ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
P.O. Box 5520
Farmington, NM 87499

%Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: M Peterson

Date: 8·17·16 Time: 1438

Completed Analyst:

Date: 08/18/16 Time: 1446

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo		8/17/2016 1:00pm
Jeric Jaramillo		M. PETERSON		8·17·2016 @ 1354

Seal intact and sample appropriately chilled upon receipt: X Yes ____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60421

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 1:23 ☐ AM ☒ PM

Collection Location: BT012 #22 Road 3323

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.52 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample # ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

~~MM~~ Water c/o Thomas Barrow

PO ~~Box~~ 5520 609-3953

Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water — Colilert - SM 9223B-2004

Total Coliforms per 100ml: Present ☐ Absent ☒

E. coli per 100ml: Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection

☐ Temperature violation (above 10°C)

☐ Form incomplete. See circled item

☐ Date discrepancy

☐ Leaking sample

☐ Quantity insufficient for testing

☐ Quantity too great to permit agitation

☐ No custody seal

☐ Other

Analyst M. Peterson

Date 8.17.16 Time 1603

Completed Analyst [signature]

Date 08/18/16 Time 1611

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Jeric Jaramillo	[signature]	8/17/2016 2:28
Jeric Jaramillo	[signature]	M. Peterson	M. Peterson	8.17.2016 @ 1454

Seal intact and sample appropriately chilled upon receipt: X Yes ____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60422

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 1:15 ☐ AM ☒ PM

Collection Location: RT005 #20 Road 3322

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.57 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO BOX 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: M Peterson

Date: 8.17.16 Time: 1603

Completed Analyst:

Date: 08/18/16 Time: 1611

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo		8/17/2016 @ 1637
Jeric Jaramillo		M. PETERSON		8.17.2016 @ 1454

Seal intact and sample appropriately chilled upon receipt: X Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60424

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 1:08 ☐ AM ☒ PM

Collection Location: RT019 #19 Road 3320

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 1.49 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample # ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
PO BOX 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst M Peterson

Date 8.17.16 Time 1603

Completed Analyst

Date 08/18/16 Time 1611

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo		8/17/2016 2:28
Jeric Jaramillo		M. Peterson	M Peterson	8.17.2016 @ 1454

Seal intact and sample appropriately chilled upon receipt : ✓ Yes ____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60433

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 2 0 0 0

WSS Number: NM35-105-24

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 08 17 2016

Time Collected: 2:13 ☐ AM ☒ PM

Collection Location: #11 Road 3148

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.54 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample # ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
P.O. Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: N. Peterson

Date: 8-17-16 Time: 1603

Completed Analyst:

Date: 08/18/16 Time: 1611

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo		8/17/2016 2:23pm
Jeric Jaramillo		N. Peterson		8-17-16 @ 1451

Seal intact and sample appropriately chilled upon receipt : X Yes ____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60446

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 3:07 ☐ AM ☒ PM

Collection Location: BT002 #18 Road 3632

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.164 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample # ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
PO Box 5520
Farmington, NM 87499
c/o Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: [signature]
Date 8-17-16 Time 1603

Completed Analyst: [signature]
Date 08/18/16 Time 1611

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Heather McDaniel	[signature]	8/17/2016 3:10
Heather McDaniel	[signature]	Donald James	[signature]	8-17-16 1538

Seal intact and sample appropriately chilled upon receipt : _____ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60434

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6200

WSS Number: NM3510524

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: SP

COLLECTION INFORMATION

Date Collected: 08/17/2016

Time Collected: 2:05 ☐ AM ☐ PM

Collection Location: #391 Road 3100

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.74 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

	☐ Repeat Sample	☐ Upstream
1.4	~~☒ Routine Distribution~~	TC+ Sample #_____ ☐ Downstream
	☒ Special Sample	☐ Triggered Source ☐ Original
	☐ Monitoring Sample	☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
P.O. Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: H Peterson

Date 8.17.16 Time 1603

Completed Analyst: [illegible]

Date 08/18/16 Time 1611

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore	[signature]	Jeric Jaramillo	[signature]	8/17/2016 2:28
Jeric Jaramillo	[signature]	H. PETERSON	[signature]	8.17.16 @ 1454

Seal intact and sample appropriately chilled upon receipt: k Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60435

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 - 1 0 5 - 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 1:55 ☐ AM ☒ PM

Collection Location: RT018 #119 Road 3141

Collected By: Daryl Gore

Operator ID Number: NM 09513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.47 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

☒ ~~Routine Distribution~~ TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
P.O. Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst L. Peterson

Date 8.17.16 Time 1603

Completed Analyst

Date 08/18/16 Time 1611

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo		8/17/2016 2:28
Jeric Jaramillo		L. PETERSON	L. Peterson	8.17.16 @ 1454

Seal intact and sample appropriately chilled upon receipt : A Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60436

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 8 0 0 0

WSS Number: NM 35-105-24

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 08 17 2016

Time Collected: 1:48 ☐ AM ☒ PM

Collection Location: BT011 #47 Road 3142

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.35 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
P.O. Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst M Peterson

Date 8-17-16 Time 16:23

Completed Analyst

Date 08/18/16 Time 1611

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo		8/17/2016 2:28
Jeric Jaramillo		M. PETERSON	M Peterson	8-17-2016 @ 1454

Seal intact and sample appropriately chilled upon receipt : K Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60437

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5-1 0 5-2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 1:41 ☐ AM ☒ PM

Collection Location: RT004 #43 Road 3141

Collected By: Daryl Gore

Operator ID Number: NM02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.45 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
P.O. Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst M. Peterson

Date 8·17·16 Time 1603

Completed Analyst

Date 08/18/16 Time 1611

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Jeric Jaramillo		8/17/2016 2:23pm
Jeric Jaramillo		M. PETERSON	M. Peterson	8·17·2016 @ 1451

Seal intact and sample appropriately chilled upon receipt : X Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60440

SAMPLE IDENTIFICATION

Water Supply System Name: Morning Star Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 1 7 2 0 1 6

Time Collected: 1:31 ☐ AM ☐ PM

Collection Location: #10 Road 3141

Collected By: Darryl GORE

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☒ Yes ☐ No Residual 0.26 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other - _____

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water c/o Thomas Barrow
P.O. Box 5520 609-3953
Farmington, NM 87499

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other _____

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other _____

Analyst U Peterson

Date 8·17·16 Time 1603

Completed Analyst [signature]

Date 08/18/16 Time 1611

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Darryl Gore	[signature]	Jeric Jaramillo	[signature]	8/17/2016 2:23pm
Jeric Jaramillo	[signature]	U. PETERSON	[signature]	8·17·2016 @ 1454

Seal intact and sample appropriately chilled upon receipt : ✓ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy

Please print with ball-point pen.

ch2m

MICROBIOLOGICAL WATER REPORT

LAB NUMBER: 9448

Farmington Environmental Lab
1395 S. Lake Street
Farmington, NM 87401
(505) 325-6953

60438

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar Water Supply

Billing Code: 6 2 0 0 0

WSS Number: N M 3 5 1 0 5 2 4

Population < 1,000 ☐

Facility ID:

DWB Field Office: ABQ, NM

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 / 1 7 2 0 1 6

Time Collected: 2:56 ☐ AM ☒ PM

Collection Location: #9 Road 3629

Collected By: Daryl Gore

Operator ID Number: NM 02513

TYPE OF SYSTEM

Check One

☒ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☒ Yes ☐ No Residual 0.68 mg/L

TESTING REQUIRED

Check One

☒ Total Coliform / *E. coli* - Colilert

☐ Other -

SAMPLE TYPE

Check All That Apply

☐ Repeat Sample ☐ Upstream

~~☒ Routine Distribution~~ TC+ Sample #_____ ☐ Downstream

☒ Special Sample ☐ Triggered Source ☐ Original

☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other

Send Report to the following (Name, Address & Telephone Number)

AV Water
P.O. Box 5520
Farmington, NM 87499

c/o Thomas Barrow
609-3953

LABORATORY TEST RESULTS

Drinking Water **Colilert - SM 9223B-2004**

Total Coliforms per 100ml
Present ☐ Absent ☒

E. coli per 100ml
Present ☐ Absent ☒

INVALID SAMPLE

☐ Color Interference

☐ Other

REJECTED SAMPLE

If one of the following is checked, please resample

☐ Sample too old. Not received within 24 hours of collection
☐ Temperature violation (above 10°C)
☐ Form incomplete. See circled item
☐ Date discrepancy
☐ Leaking sample
☐ Quantity insufficient for testing
☐ Quantity too great to permit agitation
☐ No custody seal
☐ Other

Analyst: M Peterson

Date: 8-17-16 Time: 1603

Completed Analyst:

Date: 08/18/16 Time: 1611

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Daryl Gore		Heather McDaniel		8/17/2016 3:10
Heather McDaniel		Donald James		8-17-16 1538

Seal intact and sample appropriately chilled upon receipt : _____ Yes _____ No

Quality Control parameters were acceptable unless otherwise noted below.

Comments:

White - WSS Yellow - NMED Pink - Lab Copy