NMED DWB Collected Samples					
Sample Location	**Date Collected**	**Sample Number**	**Total Coliforms per 100 mL**	**E.coli per 100 mL**	**Chlorine Residual (mg/L)**
143 Road 3950	8/23/2016	60548	Absent	Absent	0.91
232 Road 3950	8/23/2016	60549	Absent	Absent	0.88
22 Road 3323	8/23/2016	60550	Absent	Absent	0.15
5 Road 3146	8/23/2016	60551	Absent	Absent	0.31
12 Road 3185	8/23/2016	60578	Absent	Absent	0.12
393 Road 3100	8/23/2016	60579	Absent	Absent	0.87
10 Road 5584	8/23/2016	60580	Absent	Absent	0.60
10 Road 3959	8/23/2016	60581	Absent	Absent	0.31
660 Road 3000	8/23/2016	60582	Absent	Absent	0.20
4 Road 3641	8/23/2016	60583	Absent	Absent	0.02

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

60583

SAMPLE IDENTIFICATION

Water Supply System Name: Morningstar

Billing Code:

WSS Number: 351 - 05 - 24

Population < 1,000 ☐

Facility ID:

DWB Field Office:

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 08 23 2016

Time Collected: 1:56 ☐ AM ☑ PM

Collection Location: 4 Rd 3641

Collected By: Tanya Trujillo

Operator ID Number: 18211

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 0.02 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)

Joe Martinez.
1190 St Francis Dr.
Santa Fe, NM 87505
P.O. Box 5469

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 08/23/16 Time 1602

Completed Analyst [signature]

Date 08/24/16 Time 1607

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Tanya Trujillo	[signature]	M. PETERSON	[signature]	8.23.2016 @ 1434

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

60582

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar

Billing Code:

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

Population < 1,000 ☐

Facility ID:

DWB Field Office:

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 2 3 2 0 1 6

Time Collected: 1 : 39 ☐ AM ☑ PM

Collection Location: 6660 Rd 3000

Collected By: Tanya Trujillo

Operator ID Number: 18211

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 0.2 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)

Joe Martinez.
1190 St Francis
Santa Fe, NM 87505
P.O. Box 5469

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 08/23/16 Time 1662

Completed Analyst [signature]

Date 08/24/16 Time 1604

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Tanya Trujillo	[signature]	U. Peterson	U. Peterson	8.23.2016 @ 1434

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

60581

SAMPLE IDENTIFICATION

Water Supply System Name: Morningstar

Billing Code:

WSS Number: 351-05-24

Population < 1,000 ☐

Facility ID:

DWB Field Office:

Sample Point ID: SP

COLLECTION INFORMATION

Date Collected: 08 23 2016

Time Collected: 01:04 ☐ AM ☑ PM

Collection Location: 10 Rd 3959

Collected By: Tanya Trujillo

Operator ID Number: 18211

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☑ Yes ☐ No Residual 0.31 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)

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 08/23/16 Time 1602

Completed Analyst: [signature]
Date 08/24/16 Time 1604

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Tanya Trujillo	[signature]	M. Peterson	[signature]	8.23.2016 @ 1434

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

60580

SAMPLE IDENTIFICATION

Water Supply System Name: Morningstar

Billing Code:

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

Population < 1,000 ☐

Facility ID:

DWB Field Office:

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 2 3 2 0 1 6

Time Collected: 12 : 11 ☐ AM ☑ PM

Collection Location: 10 Rd 5584

Collected By: Tanya Trujillo

Operator ID Number: 18211

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 0.60 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)

Joe Martinez
1190 St Francis Dr.
Santa Fe, NM 87505
P.O. Box 5469

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 08/23/16 Time 1602

Completed Analyst [signature]

Date 08/24/16 Time 1604

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Tanya Trujillo	[signature]	M. PETERSON	[signature]	8.23.2016 @1434

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

60579

SAMPLE IDENTIFICATION

Water Supply System Name: Morningstar

Billing Code:

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

Population < 1,000 ☐

Facility ID:

DWB Field Office:

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 2 3 2 0 1 6

Time Collected: 11 : 52 ☑ AM ☐ PM

Collection Location: 393 Rd 3100

Collected By: Tanya Trujillo

Operator ID Number: 18211

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)

Joe Martinez
1190 St. Francis
P.O. Box 5469
Santa Fe NM 87505

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 08/23/16 Time 1602

Completed Analyst [signature]
Date 08/24/16 Time 1604

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Tanya Trujillo	[signature]	M. Peterson	M Peterson	8-23-2016 @ 1434

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

60578

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar

Billing Code:

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

Population < 1,000 ☐

Facility ID:

DWB Field Office:

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 08 23 2016

Time Collected: 10 : 35 ☑ AM ☐ PM

Collection Location: 12 Rd 3185

Collected By: Tanya Trujillo

Operator ID Number: 18211

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 0.12 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)

Joe Martinez
1190 St. Francis Dr.
Santa Fe, NM 87505
P.O. Box 5469

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 08/23/16 Time 1602

Completed Analyst [signature]
Date 08/24/16 Time 1609

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Tanya Trujillo	[signature]	M. PETERSON	[signature]	8.23.2016 @ 1434

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

60551

SAMPLE IDENTIFICATION

Water Supply System Name: Morningstar

Billing Code:

WSS Number: 351-05-24

Population < 1,000 ☐

Facility ID:

DWB Field Office:

Sample Point ID: SP

COLLECTION INFORMATION

Date Collected: 08 23 2016

Time Collected: 10 : 59 ☑ AM ☐ PM

Collection Location: S Rd 3146

Collected By: Tanya Trujillo

Operator ID Number: 18211

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify

Disinfected? ☑ Yes ☐ No Residual 0.31 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)

Joe Martinez
1190 St. Francis Dr.
P.O. Box 5469
Santa Fe, NM 87505

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 08/23/16 Time 1602

Completed Analyst: [signature]
Date 08/24/16 Time 1604

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Tanya Trujillo	[signature]	M. Peterson	[signature]	8-23-2016 @ 1434

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

60550

SAMPLE IDENTIFICATION

Water Supply System Name: MorningStar

Billing Code:

WSS Number: 351-05-24

Population < 1,000 ☐

Facility ID:

DWB Field Office:

Sample Point ID: SP

COLLECTION INFORMATION

Date Collected: 08 23 2016

Time Collected: 11 : 29 ☑ AM ☐ PM

Collection Location: 22 Rd 3323

Collected By: Tanya Trujillo

Operator ID Number: 18211

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 0.15 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)

Joe Martinez
1190 St Francis Dr
Santa Fe, NM 87505
P.O. Box 5469

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 08/23/16 Time 1602

Completed Analyst [signature]

Date 08/24/16 Time 1604

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Tanya Trujillo	[signature]	M. PETERSON	Peterson	8-23-2016 @ 1434

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

60549

SAMPLE IDENTIFICATION

Water Supply System Name: Morningstar

Billing Code:

WSS Number: 351-05-24

Population < 1,000 ☐

Facility ID:

DWB Field Office:

Sample Point ID: SP

COLLECTION INFORMATION

Date Collected: 08 23 2016

Time Collected: 12 : 35 ☐ AM ☑ PM

Collection Location: 232 Rd 3950

Collected By: Tanya Trujillo

Operator ID Number: 18211

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 0.88 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)

Joe Martinez
1190 St. Francis Drive
P.O Box 5469
Santa Fe, NM 87505

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 08/23/16 Time 1602

Completed Analyst: [signature]

Date 08/24/16 Time 1604

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Tanya Trujillo	[signature]	M. Peterson	[signature]	8-25-2016 @ 1434

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

60548

SAMPLE IDENTIFICATION

Water Supply System Name: Morningstar

Billing Code:

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

Population < 1,000 ☐

Facility ID:

DWB Field Office:

Sample Point ID: S P

COLLECTION INFORMATION

Date Collected: 0 8 2 3 2 0 1 6

Time Collected: 12 : 48 ☐ AM ☑ PM

Collection Location: 143 Rd 3950

Collected By: Tanya Trujillo

Operator ID Number: 18211

TYPE OF SYSTEM

Check One

☑ Community ☐ Non-Community ☐ Private Well

☐ Other - Specify _____

Disinfected? ☑ Yes ☐ No Residual 0.91 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)

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 08/23/16 Time 1602

Completed Analyst [signature]

Date 08/24/16 Time 1604

Relinquished by, Print	Sign	Received by, Print	Sign	Date/Time
Tanya Trujillo	[signature]	M. PETERSON	M Peterson	8-23-2016 @ 1434

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