REQUIREMENTS TO LIFT BOIL ADVISORY				
Regulatory Requirement	Additional Information	Alternative Requirement		
Provide drinking water that meets turbidity standards	 0.3 NTU in 95% of Compliance Samples for the Month Never above 1.0 NTU 	Provide 100% Bloomfield Water Discontinue Use of Apple Orchard Treatment Plant		
Provide Drinking Water that meets chlorine residual standards	 Minimum of 0.2 mg/L entering the distribution system Trace amounts of chlorine at all points within distribution system 	Provide 100% Bloomfield Water Discontinue Use of Apple Orchard Treatment Plant		
FL	USHING & SAMPLING REQUIREM	ENTS		
Flush entire distribution system with water that meets turbidity standards leaving the treatment plant	water that has met turb leaving the treatment pl recent monthly operating	oidity Standards" is defined as idity compliance standards lant and is based on most ng report cord amount of water flushed		
Collect Microbiological Samples from at least 8 locations that are representative of the distribution system	Sample locations must be E.coli for two separate do Submit map of sample lo sampling results.	Sample locations must be free of total coliforms & E.coli for two separate days Submit map of sample locations and analysis of sampling results.		
Flushing activities should be overseen by a certified operator Sampling activities should be conducted by a certified operator or certified sampler.				

Apple Orchard Mutual Domestic Water Association

TO New Mexico Environment Department

James Jones

FROM Rick Mitchell

SUBJECT Apple Orchard Mutual Domestic Line Flushing Program

DATE 10/27/2017

This letter is to inform the NM Environment Dept. of the flushing program to comply with the State recommendation on bringing the Apple Orchard Mutual Domestic Water Association back into compliance and to achieve the lifting of the Boil Alert Advisory that is currently in place on said Association.

On Saturday (10/28/2017) I will start flushing the entire system starting from the location closest to the Bloomfield Connection at the top end of the system and hitting every hydrant working my way down to the bottom end of the system. I will be flushing thru meter taps at dead end mains where hydrants are not available. I will document the amount of water flushed, Chlorine Residuals and Turbidity thru out this process. I will also document the Chlorine and Turbidity residuals leaving the Bloomfield Pumping Station for a base line marker to achieve thru out the system.

Starting next week, I will start taking my 17 Microbiological Samples consisting of 16 special samples and 1 compliance sample thru out the water system.

If you have any question or concerns regarding this Document please fill free to contact me at 505-320-1573.

Thank you Rick Mitchell Operator Apple Orchard Mutual Domestic Water Association



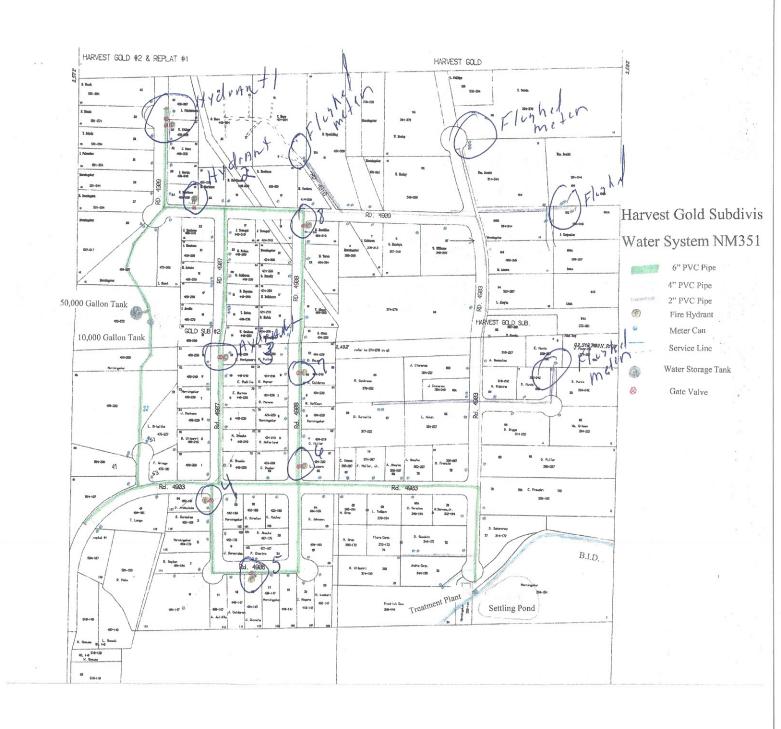












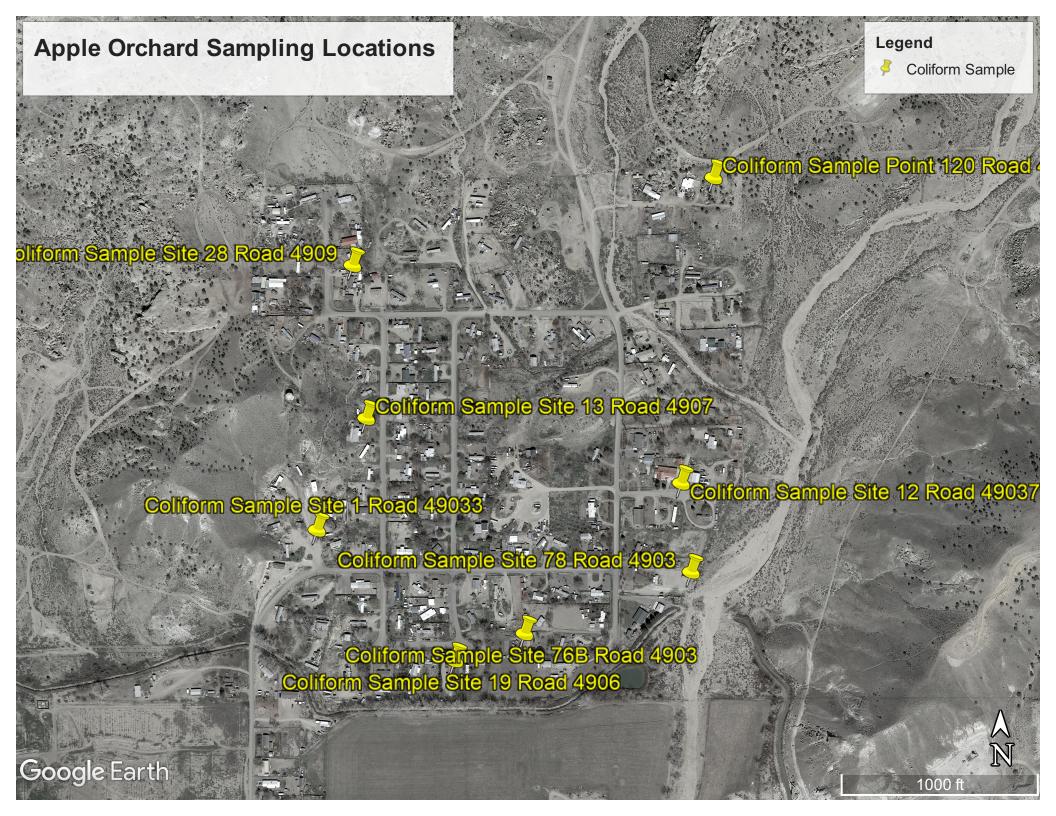
Apple Orchard Mutual Domestic Water Flushing Results

Date	Location	Start time	End time	Start NTU	Start Cl2	End NTU	End Cl2	Gal / Flushed	GPM	Discription
11/1/2017	Hyd # 3 12 rd 4907	11:15	12:00 PM	100	0.8	0.35	0.93	11,000	480	Metered Flow
11/6/2017	HYD # 8 road 4909	3:57pm	4:58pm	1.51	0.77	0.3	1.15	1000	50	Metered flow
11/6/2017	HYD # 7 road 4909	5:05pm	5:30pm	0.68	1.22	0.26	1.24	1000	50	Metered Flow
11/6/2017	HYD #6 road 4909	5:34pm	5:42pm	0.33	1.18	0.27	1.22	750	50	Metered Flow
11/7/2017	HYD # 5 road 4907	3:45pm	5:22pm	100	0.97	0.5	0.97	5000	50	Metered Flow
11/7/2017	HYD #4 road 4907	5:28pm	5:46pm	1.51	0.53	0.27	1.11	1000	50	Metered Flow
11/10/2017	HYD #1 road 4909	4:10pm	4:45pm	0.56	1.02	0.21	1.18	1000	50	Metered Flow
11/10/2017	HYD #2 road 4909	5:00pm	5:15pm	0.27	1.03	0.18	1.14	750	50	Metered Flow
11/18/2017	12 road 4910 flushed thru meter	4:30pm	5:10pm	1.47	0.97	0.28	1.12	1500	50	Estimated Flow
11/18/2017	102 road 4903 flushed thru meter	1:00pm	2:00pm	0.97	1.02	0.3	1.1	3000	50	Estimated Flow
11/18/2017	88C road 4903 flushed thru meter	3:00pm	3:30pm	0.37	1.07	0.24	1.18	1500	50	Estimated Flow
11/13/2017	120 road 4903 flushed thru meter	11:45am	2:00pm	2.34	1	0.47	1.07	6000	50	Estimated Flow

Operator Comments

On all hydrants we had a hydrant meter tied to the hydrant for flushing totals. We opened hydrants at start to full flow for a few miniutes then reduced flow to an approximat flow listed to keep from depleting the storage tank. At the time of flushing the City of Bloomfield could not supply more than 60 GPM. During each flushing of the Hydrants we would open to full flow during the process until the NTU came down to complience levels. Due to flow fluctuations in pressure, tank level and flow from Bloomfield the amounts flushed may very.

On dead end mains where Hydrants were not available we flushed thru the meter at an estimated flow rate until NTU came down to complience levels.



	Apple Orchard Water Sample Results Summary					
Date	RTCR Site	Location	Result	Residual	Sampler	Sample Site Note
11/15/2017	Special	1 Road 49033	Absent	1.05	Rick Mitchell	1st Clean
11/15/2017	Special	12 Road 49037	Absent	1.02	Rick Mitchell	1st Clean
11/15/2017	Special	120 Road 4903	Absent	0.95	Rick Mitchell	1st Clean
11/15/2017	Special	13 Road 4907	Absent	0.85	Rick Mitchell	1st Clean
11/15/2017	Special	19 Road 4906	Absent	0.86	Rick Mitchell	1st Clean
11/15/2017	Special	28 Road 4909	Absent	0.9	Rick Mitchell	1st Clean
11/15/2017	Special	76B Road 4903	Absent	0.97	Rick Mitchell	1st Clean
11/15/2017	Special	78 Road 4903	Absent	1.05	Rick Mitchell	1st Clean
11/16/2017	Special	1 Road 49033	Absent	0.76	Rick Mitchell	2nd Clean
11/16/2017	Special	12 Road 49037	Absent	0.88	Rick Mitchell	2nd Clean
11/16/2017	Special	120 Road 4903	Absent	0.81	Rick Mitchell	2nd Clean
11/16/2017	Special	13 Road 4907	Absent	0.73	Rick Mitchell	2nd Clean
11/16/2017	Special	19 Road 4906	Absent	0.76	Rick Mitchell	2nd Clean
11/16/2017	Special	28 Road 4909	Absent	0.83	Rick Mitchell	2nd Clean
11/16/2017	Special	76B Road 4903	Absent	1.07	Rick Mitchell	2nd Clean
11/16/2017	Special	78 Road 4903	Absent	0.88	Rick Mitchell	2nd Clean

Please print with ball-point pen.	
MICROBIOLOGICAL Farmington, WATER REPORT 1395 S. Lake Farmington,	1 03434 1
LAB NUMBER: 9448 (505)325-698	
SAMPLE IDENTIFICATION	LABORATORY TEST RESULTS
Water Supply System Name Applic orchard Mowch Billing Code 44000	Drinking Water - Colilert - SM 9223B online
WSS Number DWB Field Office	
NM35-115-24 D/hvgvergue Facility ID Sample Point ID	Total Coliforms per 100ml Present □ Absent □
SP SP	Fresent L Absent Ly
COLLECTION INFORMATION	E. coli per 100ml
Sample Site Name (RT or RP #)	Present ☐ Absent
Physical Address/Physical Location 78 rond 4903	
Date Collected Time Collected	INVALID SAMPLE
DAM	☐ Color Interference
$ 1 1 5 2 0 1 1 10 : 25 _{DM}$	☐ Other
Collected By Operator ID Number O2139	
TYPE OF SYSTEM	REJECTED SAMPLE
Check One	If one of the following is checked, please resample
Community	☐ Sample too old. Not received within 24 hours of collection
☐ Other - Specify No Residual / , 0.5 mg/L	☐ Temperature violation (above 10°C)
TESTING REQUIRED	☐ Form incomplete. See circled item ☐ Date discrepancy
Check One	☐ Leaking sample
☑ Total Coliform / E. coli - Colilert	Quantity insufficient for testing
□ Other-	☐ Quantity too great to permit agitation
SAMPLE TYPE	☐ No custody seal
Check All That Apply ☐ Repeat Sample ☐ Upstream	☐ Other
□ Routine Distribution TC+ Sample # □ Downstream	_
Special Sample □ Triggered Source □ Original	(h) (l)
☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other	Analyst
Send Report to the following (Name, Address & Telephone Number)	Date //// //7 Time 1535
Apple Orchard MDWCA	
POBOY 1607 Bloom Field, NM 37413	110.
Bloom Field, NM 37413	Completed Analyst M/ white
	Date 11.10-17 Time 1549
505-320-1573	
Relinquished by, Print Sign Receive	d by, Print Sign Date/Time
Rick Milehell Red Mod Donald:	James 11-1547e 13
Seal intact and sample appropriately chilled upon receipt :Ye	s No
Quality Control parameters were acceptable unless otherwise noted be	elow.
Comments:	
White - WSS Yellow - NMED Pink - Lab Copy	, , , , , , , , , , , , , , , , , , , ,

WATER REPORT 1395 S. Lake : Farmington, N (505)325-6953 SAMPLE IDENTIFICATION Water Supply System Name RPPIC Or chair WSS Number DWB Field Office	M 87401	
Facility ID Sample Point ID SP COLLECTION INFORMATION Sample Site Name (RT or RP #)	Present D E. coli per 100ml Present D	Absent V
Physical Address/Physical Location 76 B roud 4903 Date Collected Time Collected 1 1 1 5 2 0 1 7 11: 20 \square PM Collected By Rick Mitchell 02139	□ Color Interference □ Other	VALID SAMPLE
TYPE OF SYSTEM Check One Community Non-Community Private Well Other - Specify Disinfected? No Residual 97 mg/L TESTING REQUIRED	If one of the followin	
Check One Total Coliform / E. coli - Colilert Other - SAMPLE TYPE Check All That Apply Repeat Sample	☐ Leaking sample ☐ Quantity insufficient for ☐ Quantity too great to ☐ ☐ No custody seal ☐ Other	permit agitation
□ Routine Distribution TC+ Sample # □ Downstream □ Special Sample □ Triggered Source □ Original □ Monitoring Sample □ Triggered Source Repeal □ Other Send Report to the following (Name, Address & Telephone Number) Applic Orchard MOWCA	Analyst Date	7 Tinhe 1535
00 BOY 1407 Bloom FIELD, NM 87413 505-320-1573	Completed Analyst _	Meleron Time 1549
Relinquished by, Print Sign Received Rick Mitchell Red March Donald J.		Sign Date/Time
Seal intact and sample appropriately chilled upon receipt :Yes Quality Control parameters were acceptable unless otherwise noted bel		
Comments: White - WSS Yellow - NMED Pink - Lab Copy		

MICROBIOLOGICAL Farmington WATER REPORT 1395 S. Lake S Farmington, NM LAB NUMBER: 9448 (505)325-6953	1 034	76
SAMPLE IDENTIFICATION	LABORATORY TEST RES	ULTS
Water Supply System Name Billing Code		
Apple Orchard MAWCA 64000 WSS Number DWB Field Office	Drinking Water - Colilert - SM	9223B online
NM 3 5-11 5-2 4 A busurgue Facility ID Sample Point ID COLLECTION INFORMATION	Total Coliforms per 100ml Present □ Absent E. coli per 100ml	
Sample Site Name (RT or RP #)	Present ☐ Absent of	
Physical Address/Physical Location # 1	J	
Date Collected	INVALID SAMPLE ☐ Color Interference ☐ Other	
Rick Midohill 02139		
Check One Community Non-Community Private Well Other - Specify Disinfected? Yes No Residual 1.05 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 Repeal Other Send Report to the following (Name, Address & Telephone Number) PORO BOY 1607 Bloom Field, NM 87413 SOS - 320 - 1573	REJECTED SAMPLE If one of the following is checked, please Sample too old. Not received within 24 houes 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 //// Time /// Completed Analyst /// Time //// Date //// Time //// Time //// Date //// Time //// Time ///// Completed Analyst //// Time ///// Date //// Time ///// Time ////////////////////////////////////	To collection
Delinest-hadden Dit ()		
Relinquished by, Print Sign Received b		Date/Time
Seal intact and sample appropriately chilled upon receipt :Yes _	No	
Quality Control parameters were acceptable unless otherwise noted below	ν.	
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Farmington WWTP

04:19:18 p.m.

11-16-2017

	CROBIOLOGICAL ATER REPORT	Farmington E 1395 S. Lake Str Farmington, NM		63475
LAE	NUMBER: 9448	(505)325-6953	_	
SAMPLE IDEN			LABOR	ATORY TEST RESULTS
	WB Field Office	00	Drinking Water	- Colilert - SM 9223B online
M M 3 5 - 1 1 5 - 2 4	Phyguerg e Point ID	ν <u>C</u>	Total Coliforms per Present <i>E. coli</i> per 100ml	K /
Sample Site Name (RT or RP #)			Present	□ Absent 🗗
Physical Address/Physical Location 13 rond 4907				
	Time Collect 9:40 or ID Number	ted □Z∕AM □ PM	IN □ Color Interference □ Other	IVALID SAMPLE
Rick Mitchell O TYPE OF S Check One	2 / 3 9 YSTEM			JECTED SAMPLE
Community	unity Derivate We		8	'
TESTING RE Check One ☑ Total Coliform / E. coli - Colilert			□ Date discrepancy □ Leaking sample □ Quantity insufficient	
□ OtherSAMPLE	ТҮРЕ		☐ Quantity too great to☐ No custody seal	
Check All That Apply Repeat S		eam	☐ Other	
☐ Routine Distribution TC+ Sample #_	•			
☑ Special Sample ☐ Triggered S		nal		2 //2 04
	ource Repeal Other		Analyst	2338
Send Report to the following (Name, Address Apple Orchard MD U	ICB	er)	Date ////5//	7 Time 1535
Bloom Field, NM	87413		Completed Analyst	MRelevair Time 1549
505-320-1573			Date triff() +1 [
Relinquished by, Print Sign		Received by	, Print	Sign Date/Time ?
Rick Mitchel Red	W Don	ald TAme	5 \$	11-15-17e1 5
Seal intact and sample appropriately ch	illed upon receipt :	Yes	No	ANN
Quality Control parameters were accep Comments:	table unless otherwi	se noted below	<i>I</i> .	
White - WSS Yellow - NMED	Pink - Lab Copy		· · · · · · · · · · · · · · · · · · ·	TAXABLE TO THE PROPERTY OF THE

CADAAA. WATER REPORT 1	armington Environmental Lab 95 S. Lake Street 63474
	D5)325-6953
SAMPLE IDENTIFICATION	LABORATORY TEST RESULTS
Water Supply System Name Apply Occhard MDWCB Billing Code 6 4 0 0	O Drinking Water - Colilert - SM 9223B online
WSS Number DWB Field Office	
NM35-115-24 Albusurug	Total Coliforms per 100ml
Facility ID Sample Point ID	Present □ Absent ₩
SP	
COLLECTION INFORMATION	E. coli per 100ml
Sample Site Name (RT or RP #)	Present □ Absent
	_ /.555
Physical Address/Physical Location	
28 rd 4909	/
Date Collected Time Collected	INVALID SAMPLE
	AM □ Color Interference
	PM
Rick Mitchell 07139 TYPE OF SYSTEM	DE JEGTED CAMPI E
Check-One	REJECTED SAMPLE If one of the following is checked, please resample
☐ Community ☐ Non-Community ☐ Private Well	☐ Sample too old. Not received within 24 hours of collection
□ Other - Specify	☐ Temperature violation (above 10°C)
	_mg/L ☐ Form incomplete. See circled item
TESTING REQUIRED	□ Date discrepancy
Check One	□ Leaking sample
☑ Total Coliform / E. coli - Colilert	☐ Quantity insufficient for testing
Other -	Quantity too great to permit agitation
SAMPLE TYPE Check All That Apply Repeat Sample Unstrea	□ No custody seal
B Nopout outliplo E opened	
☐ Routine Distribution TC+ Sample # ☐ Downst	eam
☑ Special Sample ☐ Triggered Source ☐ Original	Andrew Miles
☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other	Analyst 15.15
Send Report to the following (Name, Address & Telephone Number Apple Orchard MDWCA	Date ////5//7 Time 7535
on Par 1100	I ' ' / /
00 Box 1607 Bloom Field, Nm 87413	Completed Analyst Al Paterso
Bloom Flata, NM 8, 415	11 11 1-1 11 1-10
Fat 220 1523	Date 11.16.1 Time 1549
505-320-1573	
Relinquished by, Print Sign	Received by, Print Sign Date/Time
Rick Mitchell Rud Pouter Dan	(1) JAMES 1-1517e135
	,
Seal intact and sample appropriately chilled upon receipt : _	No
Quality Control parameters were acceptable unless otherwise	noted below.
Comments:	
Vhite - WSS Yellow - NMED Pink - Lab Copy	

Please print with ball-point pen.	11000010101011		
	MICROBIOLOGICAL WATER REPORT	Farmington Environmental Lab	60470
Ch2m:	WATER REPORT	1395 S. Lake Street	63473
	LAB NUMBER: 9448	Farmington, NM 87401 (505)325-6953	
SAMPI	LE IDENTIFICATION		ATORY TEST RESULTS
Nater Supply System Name ADD Orchand MDWC10	/L Billing Code		71 OKT 7201 K200210
brenard mowers	640	0 0 Drinking Water	- Colilert - SM 9223B online
VSS Number	DWB Field Office		Joinett " Jul J220B Gillile
Nm 35-115-0	24 Albrezera	م س حس	or 100ml
acility ID	Sample Point ID	Present	i i
	SP		1.555.11
COLLEG	TION INFORMATION	E. coli per 100ml	,
ample Site Name (RT or RP #)		Present	D About W
			□ Absent f
hysical Address/Physical Location	1		
19 rd 490	6		ı
Date Collected	Time Collec		NVALID SAMPLE
11152011	7 10:10	☐ AM ☐ Color Interferenc	e
oflected By	Operator ID Number	□ PM □ Other	
Rick Mitchell	02/39		
	PE OF SYSTEM	P	LECTED CAMPLE
heck One	LOIOICI	THE PARTY OF THE P	JECTED SAMPLE ing is checked, please resample
Community No	on-Community Private We		ot received within 24 hours of collection
Other - Specify		☐ Temperature violati	
	□ No Residual · 86	<u>mg/L</u> ☐ Form incomplete. \$	See circled item
TES'	TING REQUIRED	☐ Date discrepancy	
Total Coliform / E. coli - C	olilort	☐ Leaking sample	
□ Other -	Ollicit	☐ Quantity insufficient	Ť
	AMPLE TYPE	☐ Quantity too great to ☐ No custody seal	o permit agitation
Check All That Apply	epeat Sample Upstr	***************************************	
□ Routine Distribution TC+ S		***************************************	
Z	riggered Source Origin	nal	1. 1/10-00
	iggered Source Repeal Other		MANY
end Report to the following (Nam	e, Address & Telephone Numb		7 Time 1535
Apple Orchard 1	MDWCA	Date /// 3/C	<u> </u>
10 BOY 160,7			A(I),
10 BOY 1607 100m Field, Nm	87413	Completed Analyst	Materia
		Date VI-16-17	Time <u>\ 549</u>
05-320-1573		`	
elinquished by, Print ,	Sign	Pagained by Drint	C:
RM Rick Mitchel	Jigii	Received by, Print	Sign Date/Time
with the Re	1 mito Di	onald James &	11-15-17019
eal intact and sample appropr	iately chilled upon receipt :	Yes No	
uality Control parameters wer	re accentable unless ether	ico notod bolow	
omments:	e accehranie niliess otherw	ise noted below.	
te - WSS Yellow - N	MED Pink - Lab Copy		
EDIOM - IA	mink - Lab Copy	t e e e e e e e e e e e e e e e e e e e	

L17/26

Please print with ball-point pen. MICROBIOLOGICAL Farmington 1395 S. Lake S. Farmington, Nh. LAB NUMBER: 9448 (505)325-6953 SAMPLE IDENTIFICATION Water Supply System Name Apple Orchard manch WSS'Number DWB Field Office WM J 5- 1 1 5- 2 4 Albue veve ve Facility ID Sample Point ID Sample Site Name (RT or RP #)	1 87401	Absent
Physical Address/Physical Location 20	INV □ Color Interference □ Other	VALID SAMPLE
Check One Community Non-Community Private Well Other - Specify No Residual 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) Apple Orchard MDWCI9 Do BOY 1607 Bloom Field NW 874/3 505-320-1573	If one of the following	g is checked, please resample eceived within 24 hours of collection (above 10°C) e circled item
Relinquished by, Print Sign Received Rick Milchel Reliable M. PETER	/	Sign Date/Time 302— 11·11 <u>6·2017 (), (4</u> 3
Seal intact and sample appropriately chilled upon receipt :Yes Quality Control parameters were acceptable unless otherwise noted bell Comments:	No DW.	
White - WSS Yellow - NMED Pink - Lab Copy		

Please print with ball-point pen.	
MICROBIOLOGICAL Farmington E	nvironmental Lab
WATER REPORT 1395 S. Lake Street	eet 63487
LAB NUMBER: 9448 (505)325-6953 SAMPLE IDENTIFICATION	LABORATORY TEST RESULTS
Water Supply System Name Billing Code	LABORATORT TEST RESULTS
	Drinking Water - Colilert - SM 9223B online
WSS Number DWB Field Office	Drinking water - Comert - Oil 3223D Online
	Total Coliforms per 100ml
Facility ID Sample Point ID	Present □ Absent 🔀
SP	1
COLLECTION INFORMATION	<i>E. coli</i> per 100ml
Sample Site Name (RT or RP #)	Present ☐ Absent ✓
	Ausent
Physical Address/Physical Location	1
76 B 12 4903	
Date Collected Time Collected	INVALID SAMPLE
1111/42017 1:54 PM	□ Color Interference
	□ Other
Rick mytchell 02/39	
TYPE OF SYSTEM	REJECTED SAMPLE
Check One	If one of the following is checked, please resample
☑ Community ☐ Private Well	☐ Sample too old. Not received within 24 hours of collection
□ Other - Specify	☐ Temperature violation (above 10°C)
Disinfected? ☑ Yes ☐ No Residual / . Ø 7 mg/L	☐ Form incomplete. See circled item
TESTING REQUIRED Check One	☐ Date discrepancy
Total Coliform / E. coli - Colilert	☐ Leaking sample ☐ Quantity insufficient for testing
Other -	Quantity too great to permit agitation
SAMPLE TYPE	□ No custody seal
Check All That Apply ☐ Repeat Sample ☐ Upstream	□ Other
□ Routine Distribution TC+ Sample # □ Downstream	/
Special Sample Triggered Source Original	(1)/
☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other	Analyst Meterson
Send Report to the following (Name, Address & Telephone Number)	Date 11,10,17 Time 1614
Apple Orchard MOWCA	
PO BOY 1607	Miller
PO BOY 1607 Bloom Full NM 87413	Completed Analyst
, , , , , , , , , , , , , , , , , , ,	Date Time
505 - 320 - 1573	′ ′/
Relinquished by, Print Sign Received by	y, Print / Sign Date/Time
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Kick Milchill Kind MINETERS	TON Withour 11.16.2017@14
Seal intact and sample appropriately chilled upon receipt :XYes _	No
Quality Control parameters were acceptable unless otherwise noted below	N
Comments:	,.
White - WSS Yellow - NMED Pink - Lab Copy	

Please print with ball-point pen.			
ch2//*: MICROBIOLOGI WATER REPO		1	63486
LAB NUMBER: 9	9448 (505)325-6953		
SAMPLE IDENTIFICATION Water Supply System Name Billing C		LABORA	TORY TEST RESULTS
Apple orchand mower 64	1000	Drinking Water -	Colilert - SM 9223B online
WSS Number DWB Field Office			
Facility ID Sample Point ID	-cvs.v c	Total Coliforms per	
			Absent
COLLECTION INFORMATION		E. coli per 100ml	
Sample Site Name (RT or RP#)		Present _	Absent 7
Physical Address/Physical Location			
78 con 4 4903 Date Collected Time	Collected	INI	/ALID SAMPLE
	DAM	☐ Color Interference	ALID VAIN LE
1111420111 / : 3	5 DAM	□ Other	
Collected By Operator ID Number		_	
Rick mitchell 02139			
TYPE OF SYSTEM			ECTED SAMPLE g is checked, please resample
	rate Well		eceived within 24 hours of collection
□ Other - Specify		☐ Temperature violation	
Disinfected? ☑ Yes ☐ No Residual	<u>, 88</u> mg/L	☐ Form incomplete. Se	e circled item
TESTING REQUIRED Check One		☐ Date discrepancy	
Total Coliform / E. coli - Colilert		 □ Leaking sample □ Quantity insufficient for 	ar tooting
Other -		☐ Quantity too great to p	
SAMPLE TYPE		☐ No custody seal	
Check All That Apply Repeat Sample] Upstream	□ Other	
☐ Routine Distribution TC+ Sample #	1 Downstream		
] Original	10/1	
] Other	Analyst M/W	uso
Send Report to the following (Name, Address & Telephone Applic Orchard MDWCA	: Number)	Date 11.16-17	Time 1614
/ F - F			1. 01
DO BOX 1607		Completed Analyst	Miller
Bloom Field NM 87413		Date ////7//7	Time / (, 2)
505-320-1573		1 / 1 / 1	
Relinquished by, Print Sign	Received I	by, Print	Sign Date/Time
lick mitchell Rus hit	MITETER	SON WHI	TROCE 11.16.20170 14
		- •	
Seal intact and sample appropriately chilled upon re	ceiot: K. Yes	No	
Quality Control parameters were acceptable unless	otherwise noted belo	ow.	
Comments:			
White - WSS Yellow - NMED Pink	- Lab Copy		

Please print with ball-point pen.				
MICE	ROBIOLOGICAL TER REPORT	Farmington E 1395 S. Lake Str Farmington, NM		63485
LAB	NUMBER: 9448	(505)325-6953		
SAMPLE IDENT			LABOR	ATORY TEST RESULTS
Water Supply System Name Apple Orchard MDWCA	Billing Code G 4 0	00	Drinking Water	- Colilert - SM 9223B online
WSS Number DV	VB Field Office	, a	E.	
	Point ID	v-C	Total Coliforms per	r 100ml
			Present	□ Absent 7
SP	OBMATION		C!: 400!	·
COLLECTION INF Sample Site Name (RT or RP #)	ORMATION		E. coli per 100ml Present	
			ricson	□ Absent
Physical Address/Physical Location				
19 rond 4906				
Date Collected	Time Collect	ed		IVALID SAMPLE
11162017	1:25	□ AM	☐ Color Interference	
	r ID Number	□ PM	□ Other	
	139			
KICE MITONIA DA TYPE OF SY			DE	JECTED SAMPLE
Check One	O-IIEW			ng is checked, please resample
☐ Community ☐ Non-Commu	nity □ Private We	ell		t received within 24 hours of collection
□ Other - Specify			☐ Temperature violation	
Disinfected? ☐ Yes ☐ No		ø_mg/L	☐ Form incomplete. S	ee circled item
TESTING REC	QUIRED		□ Date discrepancy	
Check One Total Coliform / E. coli - Colilert			☐ Leaking sample	
☐ Other -			☐ Quantity insufficient	
SAMPLE T	YPE		 ☐ Quantity too great to ☐ No custody seal 	permit agitation
Check All That Apply □ Repeat Sa		eam	□ Other	
☐ Routine Distribution TC+ Sample #	•			
Special Sample Triggered Se		nal	/\	
	irce Repeal □ Other		Analyst My	torsa
Send Report to the following (Name, Address	s & Telephone Numb		Date 11-1611	Time_1614
Danle Orchard MOWC	19		2010	
POBOY 1607 Bloomfield, NM 874.				hellow
Bloom Field NM 874	(3		Completed Analyst	11-48-00
			Date <u>/// 7//</u>	7 Time 1621
505-320-1573				,
Relinquished by, Print Sign		Received by	, Print	Sign Date/Time
\sim 0	1 1	<u> </u>	/ \	
Rick Mitchel Res M	M M	HETERS	on Mya	Troca_ 11.16.2017@14
•				
		1,		
Seal intact and sample appropriately chi	lled upon receipt :	<u>X</u> Yes _	No	
Quality Control parameters were accept	able unless otherw	rise noted belov	<i>i</i> .	
Comments:				
	And the second s			

05–564–2680 Farmington WWTP	04:26:06 p.m. 11–17–2017
WATER REPORT 1395 S. Lake Farmington, N. LAB NUMBER: 9448 (505)325-695.	M 87401 3
SAMPLE IDENTIFICATION Water Supply System Name Billing Code	LABORATORY TEST RESULTS
Apple Orchand Mnwch G4000 WSS Number DWB Field Office	Drinking Water - Colilert - SM 9223B online
N M 3 5-11 5-2 4 A/6 US NCTE U E Facility ID Sample Point IDO SP	Total Coliforms per 100ml Present □ Absent □
COLLECTION INFORMATION ample Site Name (RT or RP #)	E. coli per 100ml Present □ Absent
Physical Address/Physical Location	
Date Collected Time Collected	INVALID SAMPLE
111142017 1:21 PAM	☐ Color Interference
ollected By Operator ID Number	□ Other
Rick Mutchell 02/39	
TYPE OF SYSTEM	REJECTED SAMPLE
neck One	If one of the following is checked, please resample
Community Non-Community Private Well	☐ Sample too old. Not received within 24 hours of collection
Other - Specify	☐ Temperature violation (above 10°C)
sinfected? □ Yes □ No Residual 183 mg/L	☐ Form incomplete. See circled item
TESTING REQUIRED	☐ Date discrepancy
Total Coliform / E. coli - Colilert	☐ Leaking sample
Other	☐ Quantity insufficient for testing
SAMPLE TYPE	☐ Quantity too great to permit agitation☐ No custody seal ,
Check All That Apply ☐ Repeat Sample ☐ Upstream	□ Other
☐ Routine Distribution TC+ Sample # ☐ Downstream	
☐ Special Sample ☐ Triggered Source ☐ Original	
☐ Monitoring Sample ☐ Triggered Source Repeal ☐ Other	Analyst Matterson
end Report to the following (Name, Address & Telephone Number)	Date 11.16.17 Time 1(014
100m field, Nm 87413	Completed Analyst Man
100m 11210, 1011 0 1 115 105 - 320 - 1573	Date ///7//7 Time /621
elinquished by, Print Sign Received	by, Print Sign Date/Time
ick mitchell RAS must MIPETE	RSON Meterson 11. No. 2017@16
eal intact and sample appropriately chilled upon receipt :X,Yes	No

Quality Control parameters were acceptable unless otherwise noted below. Comments: White - WSS

MICROBIOLOGICAL. Farmington E 1395 S. Lake St. Farmington, NM LAB NUMBER: 9448 (505)325-6953 SAMPLE IDENTIFICATION Water Supply System Name Ann Corchard Mawch WSS Number DWB Field Office N M 3 5 - 1 1 5 - 2 4 A 15 vg verg vc Facility ID Sample Point ID	1 03403
COLLECTION INFORMATION Sample Site Name (RT or RP #) Physical Address/Physical Location 13 (d 490)	E. coli per 100ml Present □ Absent
Date Collected Time Collected AM AM Collected By Coll	INVALID SAMPLE Color Interference Other
Check One Community Non-Community Private Well Other - Specify Yes No Residual 73 mg/L TESTING REQUIRED Check One SAMPLE TYPE Check All That Apply Repeat Sample Upstream Downstream Downstream Special Sample Triggered Source Original Monitoring Sample Triggered Source Repeat Other Send Report to the following (Name, Address & Telephone Number) Apple Orchard M DWCH PO BOY 1607 Bloom field, NW 87413 505-320-1573	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
Relinquished by, Print Sign Received by Rick Milehell Relinquished M.PETERSON	/).
Seal intact and sample appropriately chilled upon receipt :Yes	

WATER REPORT 1395 S. Lake Stre Farmington, NM LAB NUMBER: 9448 (505)325-6953	1 03702
SAMPLE IDENTIFICATION Vater Supply System Name Billing Code Orchard MDWC4 6 7 0 0 0 VSS Number DWB Field Office	Drinking Water - Colilert - SM 9223B online
acility ID Sample Point ID Sample Site Name (RT or RP#)	Total Coliforms per 100ml Present □ Absent pi E. coli per 100ml Present □ Absent
2 rd 49037 Time Collected AM	INVALID SAMPLE □ Color Interference □ Other
TYPE OF SYSTEM heck One Community	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
SAMPLE TYPE Check All That Apply	Other Analyst Date 1.16.17 Time 1.4
Apple orchard mower 10 Box 1607 3100m Field NM 37413 505-320-1573	Completed Analyst
Received by Receiv	H () (
eal intact and sample appropriately chilled upon receipt : _KYes _ quality Control parameters were acceptable unless otherwise noted below	
hite - WSS Yellow - NMED Pink - Lab Copy	

Please print with ball-point pen.				
_ 1 _	MICROBIOLOGICAL	-	nvironmental Lab	
Ch2m:	WATER REPORT	1395 S. Lake Stre		63481
	LAB NUMBER: 9448	Farmington, NM (505)325-6953	6/401	
	IDENTIFICATION	(,	LABOR	ATORY TEST RESULTS
Water Supply System Name	Billing Code			
Hople Orchard	MDWCALL 90	00	Drinking Water	 Colilert - SM 9223B online
WS6 Number	DWB Field Office			
Mm 3 5-11 5-2	7 A/BUGUARG Sample Point ID P	<u>u-1</u>	Total Coliforms per	
Facility ID		man Palling Autority	Present	□ Absent \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
COLLECTI	SP ON INFORMATION		<i>E. coli</i> per 100mi	
Sample Site Name (RT or RP #)	OR IN ORINATION		Present	□ Absent 🔀
				Absent A
Physical Address/Physical Location				
1 rond 49033				
Date Collected	Time Collec		1	NVALID SAMPLE
111 1/6 2017	1:00	□ AM □ PM	□ Color Interference□ Other	3
Collected By	Operator ID Number	LT FIVI	L Other	
Rick Mitchell	02/39			
TYPE	OF SYSTEM		RE	JECTED SAMPLE
Check One	.			ng is checked, please resample
☐ Community ☐ Non-	Community Private We	ell		t received within 24 hours of collection
	No Residual . 74	mg/L	 ☐ Temperature violation ☐ Form incomplete. 	
TESTIN	NG REQUIRED		☐ Date discrepancy	
Check One			☐ Leaking sample	
☐ Total Coliform / E. coli Coli	ort		☐ Quantity insufficient	•
	MPLE TYPE		 ☐ Quantity too great to ☐ No custody seal 	permit agitation
	eat Sample □ Upstr	ream	☐ Other	/
☐ Routine Distribution TC+ San	·			
Special Sample Trigg		nal	/.	
	ered Source Repeal Other	r	Analyst	tersor
Send Report to the following (Name,	Address & Telephone Numb	per)	Date Uller 17	7_ Time_1614
Apple orchard mo	WCH		,	
PO BOX 1067 Bloom Field NM	87413		Completed Analyst	Miles
Bloom Flat A Tone			1/20/10	11 -2
505-320-1573			Date <u>/ // / / / / / / / / / / / / / / / / </u>	Time //e//
			/	
Relinquished by, Print	Sign	Received by	, Print	Sign Date/Time
Rick Mitchell Red	M.F	ETERSON	11/6/1	TOO2 11-16-2017 @143
, , , , , , , , , , , , , , , , , , , ,	*	<u> </u>	100	2 11 10 2011 10 1177
Seal intact and sample appropria	tely chilled upon receipt :	_/C Yes _	No	
Quality Control parameters were	acceptable unless otherw	ise noted below	<i>I</i> .	
Comments:				
Vhite - WSS Yellow - NMEI	D Pink - Lab Cop	у		

Please print with ball-point pen. MICROBIOLOGICAL Farmington	Environmental Lab
WATER REPORT 1395 S. Lake S Farmington, NM	
	M 87401
LAB NUMBER: 9448 (505)325-6953 SAMPLE IDENTIFICATION	LABORATORY TEST RESULTS
Water Supply System Name Billing Code	EADORATORT TEST RESULTS
Apple Orchardmowch 64000	Drinking Water - Colilert - SM 9223B online
NM 35-115-24 A/BUGUCY QUE	Total Coliforms per 100ml
Facility ID Sample Point ID Sample Point ID	Present □ Absent □
COLLECTION INFORMATION	E. coli per 100ml
Sample Site Name (RT or RP #)	Present □ Absent □
Physical Address/Physical Location 12 rd 49037	
Date Collected Time Collected	INVALID SAMPLE
11152017 5:30 AM	☐ Color Interference ☐ Other
Collected By Coperator ID Number Coperator ID Number Coperator ID Number	
TYPE OF SYSTEM	REJECTED SAMPLE
Check One	If one of the following is checked, please resample
✓ Community □ Non-Community □ Private Well □ Other - Specify	☐ Sample too old. Not received within 24 hours of collection
Johnsenen ⊟_Leo □ No residual 1.69 € Hig/L	☐ Temperature violation (above 10°C) ☐ Form incomplete. See circled item
TESTING REQUIRED	□ Date discrepancy
check One Total Coliform / E. coli - Colilert	☐ Leaking sample ☐ Quantity insufficient for testing
□ Other -	□ Quantity insufficient for testing □ Quantity too great to permit agitation
SAMPLE TYPE	□ No custody seal
Check All That Apply □ Repeat Sample □ Upstream	□ Other
☐ Routine Distribution TC+ Sample # ☐ Downstream ☐ Special Sample ☐ Triggered Source ☐ Original	
 ☑ Special Sample ☑ Monitoring Sample ☑ Triggered Source Repeal ☑ Other 	Analyst Wetersa
end Report to the following (Name, Address & Telephone Number)	Date 11.16.17 Time 16.14
Apple Orchard MOWEA	Sate II 1017
3100m Field NM 87413	Completed Analysis Medical Sciences
Bloom Field NM 8/4/	Completed Analyst Time 1421
505-320-1573	Date
Received by Receiv	py, Print / Sign Date/Time
ick Mitchel Red MAN M. PETERSON	11 Leters 11.16.2017 P. 143
eal intact and sample appropriately chilled upon receipt : X Yes	No
, .	
uality Control parameters were acceptable unless otherwise noted belo	w .

Comments:

5–564–2680 Farmington WWTP	04:29:02 p.m. 11–17–2017 10
Please print with ball-point pen.	
MICROBIOLOGICAL F	Farmington Environmental Lab
Ch2M: WATER REPORT 1.	1395 S. Lake Street 63479
	Farmington, NM 87401
	505)325-6953
SAMPLE IDENTIFICATION Vater Supply System Name Billing Code	LABORATORY TEST RESULTS
	Dutable wilder - Oalthard Oak opposit
Apply Orchard MDWCA 6 7 0 0 VSS Number DWB Field Office	Drinking Water - Colilert - SM 9223B online
DIED FIELD CHIEC	
1770 = 10 - 170	
acility ID Sample Point ID	Present □ Absent □
SP SP	
COLLECTION INFORMATION	E. coli per 100ml
ample Site Name (RT or RP#)	Present □ Absent 🙀
hysical Address/Physical Location	
120 rd 4903	
Date Collected Time Collected	INVALID SAMPLE
	☐ AM ☐ Color Interference
	PM Dother
ollected By Operator ID Number	
Rick Mitchell 02139	
TYPE OF SYSTEM	REJECTED SAMPLE
heck One	If one of the following is checked, please resample
Community Non-Community Private Well	☐ Sample too old. Not received within 24 hours of collection
Other - Specify	☐ Temperature violation (above 10°C)
isinfected? ☑ Yes □ No Residual <u>.95</u>	_mg/L □ Form incomplete. See circled item
TESTING REQUIRED	☐ Date discrepancy
☑ Total Coliform / E. coli - Colilert	☐ Leaking sample
Other	☐ Quantity insufficient for testing
SAMPLE TYPE	Quantity too great to permit agitation □ No custody seal
Check All That Apply ☐ Repeat Sample ☐ Upstream	· · · · · · · · · · · · · · · · · · ·
☐ Routine Distribution TC+ Sample # ☐ Downstr	
· 	
	Analyst W to 150
☐ Monitoring Sample ☐ Triggered Source Repeat ☐ Other end Report to the following (Name, Address & Telephone Number)	
annle Orchard MDWCA	Date 11.16.17 Time 16.14
BOY 1607	1 /7 11 -1
100 BOX 1607 Bloom Field, NM 87413	Completed Analyst
Moon riving, the bound	Date 1///7//7 Time 1621
545-270 1573	Date 11/1/1/
505-320-1573	
elinquished by, Print Sign	Received by, Print / Sign Date/Time
21611 01	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
sick Mitchel Rad The wife	TERSON 11.110.2017014
eal intact and sample appropriately chilled upon receipt :	X Yes No

Comments: White - WSS

Yellow - NMED

Quality Control parameters were acceptable unless otherwise noted below.

Pink - Lab Copy