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### **Required Items to be Filled Out on Chain-of-Custodies by Sampler**

- Water System Name (as it appears in SDWIS)
- WSS Code (as it appears in SDWIS) ex. NM3512345
- Sample Chlorinated: Yes or No (if Yes - type and level must be filled out; if No - leave blank) **DO NOT PUT N/A!!!**
- Date Sample Collected
- Time Sample Collected
- Type of Sample, circle only one: Routine or Repeat, or GW Triggered Source, or GW Repeat, or Special, or E-Coli Enumeration.
- Fill out required items on lines for Sample Type selected.
- Field Sample Data Remarks (if any)
- Collected By (printed)
- Relinquished by (signed)
- New Mexico Operator ID# (5 digits total, use leading zeros if less than 5) ex. 117 becomes 00117
- Samplers Phone Number
- Date Relinquished
- Time Relinquished

# Example Total Coliform COC

Water Supply System Name:			
WSS Code No. (5 digits)	NM35	Chlorine Yes/No	Free: <input type="text"/> mg/l Total: <input type="text"/> mg/l
Date Collected:	Time Collected (24 hr):		
<b>Please circle the "Type" of sample from one of the Six selections below and fill out the information for your selection (all shaded boxes must be filled out completely). Only one selection per sample submitted. All samples are considered "For Compliance" except for Special samples.</b>			
1. Routine	Sample Point ID: RT _____	Location:	
2. Repeat	Sample Point ID: RP _____	Location:	
	Original Lab Sample ID# _____		
3. GW Triggered Source	Source Facility ID# _____	Source Facility Name:	
	Original Lab Sample ID# _____	Sample Point ID# SP _____	1
4. GW Repeat (only if GW triggered was ec+)	Source Facility ID# _____	Source Facility Name:	
	Triggered Source Lab Sample ID# _____	Sample Point ID# SP _____	1
5. Special	Location:		
6. E-Coli Enumeration (LT2)	Facility ID# _____	Facility Name:	
	Turbidity (ntu's) _____		
<b>FIELD SAMPLE DATA &amp; REMARKS</b>		pH:	Conductivity (µS/cm)
Temp. (°C):			
Comments:			
Collected By (print):	Operator ID# (5 digits)	Phone Number:	
Relinquished by (signature):	NM _____	Date:	Time: (24 hr.)