Aqua Environmental Testing Lab Ruidoso - Lab ID# NM0701 - Bac T Report

103 Via Aguila, Ruidoso, NM 88345, 575-336-1107

Test Method: SM 9223B Lab Sample ID# AETL-RU- 1121-22

Water Supply System Name:	259 Ski Run Rd - JCJ Well Service			
WSS Code No. (5 digits)	NM3S	Chlorine: Yes / No	Free: ____mg/l	Total: ____mg/l
Date Collected: 11/30/22	Time Collected (24 hr): 11:55 AM			

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.

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: Pressure Tank Boiler Drain	
6. E-Coli Enumeration (LT2)	Facility ID# ____	Facility Name:
	Turbidity ____ (ntu's)	

FIELD SAMPLE DATA & REMARKS	pH:	Conductivity (µS/cm)	Temp. (°C):
Comments:			

Collected By (print): Jake Mow	Sampler/ Operator ID#	Phone Number: 505-615-5423	
Relinquished by (signature):	NM	Date: 11-30-22	Time: (24 hr.) 1710
Received by name (print): Marco Lopez	Signature:	Date: 11/30/22	Time: (24 hr.) 1710
Relinquished by name (print):	Signature:	Date:	Time: (24 hr.)
Received by name (print):	Signature:	Date:	Time: (24 hr.)
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals (circle) Yes / No	Intact (circle): Yes / No
Preservative (circle): Ice Yes / No	Comments:		

Contact Info to Completed by Private or Contractors or other Non-WSS

Owner/ Company: JCJ Water Well Service		Address: 510 St. Hwy 37, Sp. #2	
Contact Person: Jake Mow	Phone: 505-615-5423	City Mogal	State NM Zip Code 88341

TEST RESULTS

Check Observed Results

TOTAL COLIFORM	X ABSENT	☐ PRESENT	☐ SAMPLE REJECTED Please re-sample
E. coli	X ABSENT	☐ PRESENT	Reason:
E. coli Enumeration (per 100 ml)	____ MPN		Volume Assayed: 100 ml

Analyts:	Date Incubated: 11/30/22	Time Incubated: 1800	Date Analyzed: 12/1/22	Time Analyzed: 1200	

Positive Sample Results Notification

Positive Confirmed by:	Date confirm:	Time Confirm:	
System Notified by:	Date Notified:	Time Notified:	System Contact:
District Notified by:	Date Notified:	Time Notified:	District Contact:

Comments: pd with ck# 1525