

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-1245-21

Water Supply System Name: 139 Rivers Edge

WSS Code No. (5 digits) NM35 Chlorine: Yes / No _____ Free: _____ mg/l Total: _____ mg/l

Date Collected: 12/16/21 Time Collected (24 hr): 15:30

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: 139 Rivers Edge

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): [Signature] NM _____ Date: 12/17/21 Time: (24 hr.) 15:08

Received by name (print): MARCO LOPEZ Signature: [Signature] Date: 12-17-21 Time: (24 hr.) 1508

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: JCS Water Well Service Address: 235 Pfingsten Rd

Contact Person: Jake Mow Phone: 505-615-5423 City Nogal State NM Zip Code 88341

TEST RESULTS

Check Observed Results

TOTAL COLIFORM ABSENT PRESENT SAMPLE REJECTED
E. coli ABSENT PRESENT Reason: Please re-sample

E. coli Enumeration (per 100 ml) _____ MPN Volume Assayed: 100 ml

Analys: [Signature] Date Incubated: 12/17/21 Time Incubated: 1530 Date Analyzed: 12/18/21 Time Analyzed: 0930

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: _____ Form Number WML-02-06 Revised Jan 2019