

Diagnostic & Technology Center, Inc.

2420-B N. White Sands Blvd, Alamogordo, NM 88310 575-434-4944

NMED LAB

#NM0301

Test Method: SM 9223B

Lab Sample ID#

PRINT USING BLACK OR BLUE INK ONLY

Water System Contact Person and Phone number:				
Address:				
Water Supply System Name:				
WSS Code No. (5 digits)	0635	Chlorine Yes/No	Free: mg/l	Total: mg/l
Date Collected:	Time Collected (24 hr):			

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: _____	Location:
2. Repeat	Sample Point ID: _____	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) _____	

FIELD SAMPLE DATA & REMARKS		pH:	Conductivity (µS/cm)	Temp. (°C):
Comments:				
Collected By (print):		Sampler/Operator ID#	Phone Number:	
Relinquished by (signature):		NM _____	Date:	Time: (24 hr.)
Received by name:	Signature:	Date:	Time: (24 hr.)	
Relinquished by name:	Signature:	Date:	Time: (24 hr.)	
Received by name:	Signature:	Date:	Time: (24 hr.)	
SAMPLE RECEIPT CONDITION	Temp (°C):	Custody Seals: Yes No	Intact: Yes No	
Preservative: Ice Yes/ No	Comments:	Rejected reason:		

Test Analyst		Test Results	
Incubation Date:	Time (24 hr)	Volume Assayed: 100 mL	
Analyst Initials:		TC (P/A)	EC (P/A)
Results Date:	Time (24 hr)	EC Enumeration: (per 100 ml)	MPN
Analyst Initials:			
Confirmed by: _____			
NotificationBy:	Contacted:	Date/Time:	
Deliver Results Via:	Mail:	Fax:	Email: