



**Hall Environmental  
Analysis Laboratory**

4901 Hawkins NE Albuquerque, NM 87109  
Tel: 505-345-3975 Fax: 505-345-4107  
www.hallenvironmental.com  
NM Certification# NM9425

HEAL WO#

Water Supply System Name:		
WSS Code No:	<input type="checkbox"/> Non-Chlorinated	
Date Collected:	Time Collected (24 hr):	<input type="checkbox"/> Chlorinated: Residual Cl _____ mg/L <b>OR</b> Total Cl _____ mg/L

**Samples Analyzed by SM 92223B**

Please circle the "Type" of sample from one of the six selections below and only fill out shaded boxes associated with type selected. All samples are considered for compliance except for special samples.

1. Routine	Sample Point ID:	Location:
2. Repeat	Sample Point ID: Original Lab Sample ID# _____	Location:
3. GW Triggered Source	Source Facility ID: Original Lab Sample ID# _____	Facility Name: Sample Point ID:
4. GW Repeat (GW triggered was ec+)	Source Facility ID: Triggered Source Lab Sample ID# _____	Facility Name: Sample Point ID:
5. Special	Location:	
6. E-Coli Enumeration (LT2)	Facility ID: Turbidity (ntu's) _____	Facility Name: Sample Point ID:

<b>FIELD SAMPLE DATA</b>	pH:	Conductivity (µS/cm)	Temp.(C):
Comments:			
Collected by: (print)	Sampler/ Operator ID# NM _____	Phone Number:	Email:

Relinquished by: (print)	Signature:	Date:	Time: (24hr)
Received by: (print)	Signature:	Date:	Time: (24hr)
Relinquished by: (print)	Signature:	Date:	Time: (24hr)
Received by: (print)	Signature:	Date:	Time: (24hr)

<b>Lab Use only</b>			
Received via: <input type="checkbox"/> Client Drop off <input type="checkbox"/> Courier <input type="checkbox"/> UPS <input type="checkbox"/> FedEx	On Ice: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Custody Seal: <input type="checkbox"/> Present & Intact <input type="checkbox"/> Not Present/ Not Intact	IR Temp (°C)	Correction Factor	Corrected Temp
Labeled by: _____	_____ °C	_____	_____
Date	Time		
Reviewed by: _____ @			
<b>WS Contacted</b>			
Person Notified:	By:	Date:	
Regarding:			