New Mexico Micro Biology LABORATORY

Lab ID# NM9428
Test Method: SM9223B

Lab Sample ID #_____

P.O Box 2904 - LAB LOCATION: 1051 Elkins Road, Milan NM 87021
Phone Number (505) 287-2208

Water Supply System Name:				
WSS Code No.		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 five 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:		

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	Preservative: Ice Yes/ No	Custody Seals: Yes/ No	Intact: Yes/ No
Comments:			

(LAB USE ONLY)

Test			**Test Results**	
Start	Date:_____ Time (24 hr)_____		Volume Assayed:	100 ml___
Finish	Date:_____ Time (24 hr)_____		TC (P/A)_____	EC (P/A)_____

Analyst: _____   Date:_____ Time (24 hr)_____

Send report to:	**Bill to:**	**Payment (office use only)**
Mailing address:	Mailing address:	Amount paid _____
		[ ] Check #_____
OR	**OR**	[ ] Credit Card approval #_____
		[ ] Cash
Email address:	Email address:	Receipt #_____
		Initials _____