

WATER ANALYSIS REQUEST FORM

***REQUIRED INFORMATION**

RID Number:

Scientific Laboratory Division - Env. Micro Section
1101 Camino de Salud NE
Albuquerque, NM 87102

LAB Number:

Lab use only

Phone # (505) 383-9129 voicemail/ -9144 lab no voice mail

WSS NM35 CODE 0635 Check One 0935	*User 64000 (Private) Other Code: 63000 (WWTP) Check One 62000 (SDWA)
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WSS Name: _____ **Submitter Code:** _____

***DRINKING WATER SAMPLE POINT (For NMED and EPA Public Water Systems ONLY)**

<small>For Ground Water Samples Only</small> GWR Facility ID: _____	<small>For Ground Water Samples Only</small> GWR Sample Point ID: _____
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*Attention To: _____	SLD USE ONLY Temp Control At SLD °C		
*At Facility/WSS: _____			
*Address: _____			
*City: _____	*State: _____	*Zipcode: _____	Phone # _____

***SAMPLE LOCATION associated with Sample Point ID**

*Sample Matrix/Subcategory	*Type of System	*Reason For Sampling	*Disinfection (check one)
Drinking H2O Source Assessment	(Check one)	Routine NMED Monitor	No Yes
Surface H2O GWR	Public Water System	Special	Free Residual Cl: _____ mg/L
Waste H2O Glycol	Private Well	REPEAT SAMPLE	For Repeat Samples: please include original Lab Number Sample ID
Solids	Wastewater Treatment Plant	Original Positive #	
LT2 <i>E. coli</i> Enumeration	Other:		
Other:			

***Analysis Requested (Check only 1 Test)**

Source: Drinking Water	Source: Wastewater	Source: Other
Total Coliform MMO-MUG	<i>E. coli</i> Count Wastewater QuantiTray	Iron & Sulfur Bacteria
Ground Water Rule MUG	Fecal Coliform Membrane Filter	<i>Pseudomonas</i>
Heterotrophic (HPC)	Fecal Coliform MPN	Algae ID
	EC-MUG MPN	<i>Salmonella</i>
	<i>Enterococci</i> - QuantiTray	<i>E. coli</i> Count Water QuantiTray
		Total Coliform MPN (Dairy Only)
		Dairy Water SPC (Dairy Only)
		Other:

***USE CHAIN OF CUSTODY FOR ALL SAMPLES:**

*Print Name <small>Last Name, First Name</small>	*Signature	Sampler/ Operator ID	*Date of Collection MM/DD/YY	*Time of Collection HH:MM (24hr)	Tamper Seal
*Sample was collected By:					Present & Intact Not Present Present & Damaged

The sample identified on the container and this form was transferred with a tamper-proof seal:

Print Name	Signature	Date MM/DD/YY	Time HH:MM (24hr)	Tamper Seal
				Present & Intact Not Present Present & Damaged

The sample identified on the container and this form was transferred with a tamper-proof seal:

Print Name	Signature	Date MM/DD/YY	Time HH:MM (24hr)	Tamper Seal
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