

WATER ANALYSIS REQUEST FORM

*REQUIRED INFORMATION

RID Number:

Scientific Laboratory Division - Env. Micro Section
1101 Camino de Salud NE
Albuquerque, NM 87102
Phone # (505) 383-9129 voicemail/ -9144 lab no voice mail

LAB Number:
Lab use only

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

***SAMPLE LOCATION/ADDRESS (please print one letter in each box)**

*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	
Waste H2O Glycol	Private Well	REPEAT SAMPLE	Free Residual Cl: _____ mg/L
Solids	Wastewater Treatment Plant	For Repeat Samples: please include original sample ID	
LT2 <i>E. coli</i> Enumeration	Other:	Original Positive #	
Other:			

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

<u>Source: Drinking Water</u>	<u>Source: Wastewater</u>	<u>Source: Other</u>
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:

Sample Collected By: *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
					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

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