

# 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

|  |   |
|--|---|
| <b>WSS</b> <b>NM35</b><br><b>CODE</b> <b>0635</b><br>Check One <b>0935</b> | <b>*User</b> <b>64000</b> (Private) <b>Other</b><br><b>Code:</b> <b>63000</b> (WWTP)<br>Check One <b>62000</b> (SDWA) |
|--|---|

**WSS Name:** \_\_\_\_\_ **Submitter Code:** \_\_\_\_\_

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

|   |   |
|---|---|
| <small>For Ground Water Samples Only</small><br><b>GWR Facility ID:</b> _____ | <small>For Ground Water Samples Only</small><br><b>GWR Sample Point ID:</b> _____ |
|---|---|

|                                |                                 |
|--------------------------------|---------------------------------|
| <b>*Attention To:</b> _____    | <b>SLD USE ONLY</b>             |
| <b>*At Facility/WSS:</b> _____ |                                 |
| <b>*Address:</b> _____         |                                 |
| <b>*City:</b> _____            | Temp Control At SLD<br>_____ °C |
| <b>*State:</b> _____           |                                 |
| <b>*Zipcode:</b> _____         |                                 |
| <b>Phone #</b> _____           |                                 |

**\*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)**

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