



Cardinal Laboratories
 101 East Marland, Hobbs, NM 88240
 (575) 393-2326 Fax (575) 393-2476
 NM Laboratory # NM00036

Test Method: SM 9223B

Lab Sample ID# _____

Water Supply System Name:			
WSS Code No. (5 digits)	NM35 _____	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	Temp (°C)/Therm ID:	Custody Seals: Yes/ No	Intact: Yes/ No
Preservative (circle all that apply): Ice Na ₂ S ₂ O ₃ None	Comments:		

Email Report To:

Notes: Sections in **blue** have to be filled out by the sampler. Once a sample "**Type**" has been circled, everything in **gray** of the corresponding number must be filled out by the sampler.