



Test Method: SM 9223B

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

Water Supply System Name and Address:	WSS Code No. (5 digits) NM35 _____
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**Only one sample date per form. For each 'Routine' sample, fill out the information for that sample (all shaded boxes must be filled out completely). All samples are considered "For Compliance".**

Date Collected (MM/DD/YYYY):		Location	Time Collected	Chlorinated Yes / No		Accepted/ Rejected	Comments
Lab Sample ID#	Sample Point ID#			Free Cl	Total Cl		
	RT _ _ _						
	RT _ _ _						
	RT _ _ _						
	RT _ _ _						
	RT _ _ _						
	RT _ _ _						
	RT _ _ _						
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	RT _ _ _						
	RT _ _ _						
	RT _ _ _						
	RT _ _ _						
	RT _ _ _						

FIELD SAMPLE DATA & REMARKS					
Comments:					
Collected By (print):		Operator/Sampler ID#	Phone Number:		<b>SAMPLE RECEIPT CONDITION</b>
Relinquished by (signature):		NM _ _ _ _ _	Date:	Time: (24 hr.)	Preservative (circle all that apply):  Ice    Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> None
Received by name:		Signature:	Date:	Time: (24 hr.)	
Relinquished by name:		Signature:	Date:	Time: (24 hr.)	Custody Seals: Yes / No    Intact: Yes / No
Received by name:		Signature:	Date:	Time: (24 hr.)	
Temp (°C)/ Therm. ID:					
Email Report To:					