



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

**Laboratory ID #** \_\_\_\_\_

**SAMPLE & SYSTEM IDENTIFICATION**

Water Supply System Name		Water System Address		WS Contact Person & Phone Number	
DWB Field Office	WSS Code No. NM 35	Facility ID		Sample Point ID	
Sample/Facility Location				Compliance Sample Yes      No	
Type of System <input type="checkbox"/> Public Community <input type="checkbox"/> Private Well <input type="checkbox"/> Public Non-Community <input type="checkbox"/> Other				Sample Type <input type="checkbox"/> Raw Water <input type="checkbox"/> Non-filtered Water <input type="checkbox"/> Finished Water <input type="checkbox"/> Filtered Water	

**SAMPLE COLLECTION INFORMATION**

Date Collected	Time Collected	Collected By	Operator ID#	Phone Number
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**SAMPLING INFORMATION**

**FIELD DATA & REMARKS**

<input type="checkbox"/> Grab <input type="checkbox"/> Other OT <input type="checkbox"/> Composite <input type="checkbox"/> Confirmation <input type="checkbox"/> NMED Monitoring <input type="checkbox"/> Split with facility	Disinfection:		
	Yes	No	Residual Chlorine:      mg/L
	pH:	EC (µS/cm):	Temperature (°C):
	Comments:		

**SAMPLE REJECTION REASON**

**SAMPLE RECEIPT CONDITION**

<input type="checkbox"/> Invalid Sampling Point BP <input type="checkbox"/> Broken BR <input type="checkbox"/> Chlorine Present CL <input type="checkbox"/> Exceeds Hold Time EH <input type="checkbox"/> Frozen FZ <input type="checkbox"/> Excessive Headspace HS	<input type="checkbox"/> Insufficient Sample Info IN <input type="checkbox"/> Invalid Sampling Protocol IP <input type="checkbox"/> Lab Accident LA <input type="checkbox"/> Leaked in Transit LT <input type="checkbox"/> Insufficient Volume VO <input type="checkbox"/> Other	Temp (°C)/ Therm ID:	Intact:    Yes    No
		Custody Seal:    N/A	Bottle Provided by
		Yes      No	Cardinal:    Yes    No
		Preservative:    HCl      HNO <sub>3</sub> H <sub>2</sub> SO <sub>4</sub>	
		NaOH      Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> Ice      None	
		Ascorbic Acid    NH <sub>4</sub> Cl    Other:	

<b>ANALYSIS REQUESTED:</b>	
<b>ADDITIONAL ANALYTICAL REQUESTS:</b>	

**CHAIN OF CUSTODY**

Relinquished By:	Date: Time:	Received By:
Relinquished By:	Date: Time:	Received By:
Relinquished By:	Date: Time:	Received By:
Delivered By:    Sampler    UPS    Bus    FedEx    Other		
Comments:		