

STATE OF NEW MEXICO
ENVIRONMENTAL CONSERVATION DIVISION
SANTA FE

0819

DOMESTIC WELL
C LABORATORY DIVISION
700 Camino de Salud NE
Albuquerque, NM 87106 841-2570

REPORT TO:
PLEASE PRINT

DAVID G. BOYER
NEW MEXICO OIL CONSERVATION DIV.
P.O. BOX 2088
SANTA FE, NM 87501
827-5812

S.L.D. No.: OR- 819-H.B
DATE REC.: 8/9/85
SLD PRIORITY #:

PHONE(S):

USER CODE: 8 2 2 3 5

SUBMITTER:

DAVID BOYER

SUBMITTER CODE:

SAMPLE TYPE:

WATER ☒ , SOIL ☐ , OTHER ☐

SAMPLE TYPE CODE:

COLLECTED:

8/8/85-10:10 BY GB/R
DATE TIME INITIALS

CODE: 850808101058
Y Y M M D D H H M M I I

SOURCE:

OWEN RANCH CORRAL FAUCET
471-1459

CODE:
AQUIFER DEPTH

NEAREST CITY:

SANTA FE - CERRILLOS

CODE:

LOCATION:

CODE:
TOWNSHIP RANGE SECTION TRACTS

pH= 6.47 ; Conductivity= 710 umho/cm at 22 °C; Chlorine Residual=

Dissolved Oxygen= mg/l; Alkalinity= ; Flow Rate=

Sampling Location, Methods and Remarks (i.e. odors, etc.)
HORSE RANCH. SEPTIC 300' DOWNGRADIENT. TASTES MUSTY + CLAYEY.
WELL 200 gpm, TO 70', WATER LEVEL 16'

I certify that the statements in this block accurately reflect the results of my field analyses, observations and activities. Jim Bailey

Method of shipment to the Laboratory Hand carried

This form accompanies 2 Septum Vials, Glass Jugs,
Containers are marked as follows to indicate preservation:

☐ NP: No preservation; sample stored at room temperature.
☒ P-Ice Sample stored in an ice bath (not frozen).
☐ P-Na₂S₂O₃; Sample preserved with Na₂S₂O₃ to remove chlorine residual.

I (we) certify that this sample was transferred from _____
to _____ at (location) _____ on _____

_____/_____/_____: and that the statements in this block are correct.
DATE AND TIME

Evidentiary Seals: Not Sealed ☐ Seals Intact: Yes ☐ No ☐

Signatures _____

(we) certify that this sample was transferred from _____
to _____ at (location) _____ on _____

_____/_____/_____: and that the statements in this block are correct.
DATE AND TIME

Evidentiary Seals: Not Sealed ☐ Seals Intact: Yes ☐ No ☐

Signatures _____

ANALYSES REQUESTED: LAB. No.: ORG-819
PLEASE CHECK THE APPROPRIATE BOXES BELOW TO INDICATE THE TYPE OF ANALYTICAL SCREENS
REQUIRED. WHENEVER POSSIBLE LIST SPECIFIC COMPOUNDS SUSPECTED OR REQUIRED.

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REMARKS :

| COMPOUND | [PPBT] | COMPOUND | [PPBT] |
|--------------------------|-----------|-------------------|---------|
| arom. fung. screen | N.D.* | | |
| halo. fung. screen | N.D.* | | |
| methane in head space | = low Air | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| REMARKS: ✓ 1 2/11 1-5-11 | | * DETECTION LIMIT | 1 µg/ml |

Lab Area = 1.3 ppm Chloride M.O.L. = 1 ppm Chloride

Seal(s) Intact: Yes NO X. Seal(s) broken by: _____ date: _____
I certify that I followed standard laboratory procedures on handling and analysis of this sample unless otherwise noted and that the statements in this block and the analytical data on this page accurately reflect the analytical results for this sample.
Date(s) of analysis: 12 Aug 85 9/20/85 Analyst's signature: [Signature]
I certify that I have reviewed and concur with the analytical results for this sample and with the statements in this block. Reviewers signature: [Signature]