		TCEQ Microbial Reporting Form Control #36-295 Rev. 3.0 Eff. 09/2017														NORTH		(AS MUNICIPAL WATER DISTRICT LABORATORY: (972) 442-5405 201 East Brown Street, Wylie, Texas 75098							A ACCREONED	
		Wate	r System Ident	ification & S	Sample	Colle	ection	Infor	matio	n (Ple	ease t	type or us	se block _l	print)		Sample Acceptance Hours:								TNI	
	Public Water System ID: TX															M-W: 8am-12pm & 1-4pm; Th: 8am-12pm & 1-2pm; F: No samples accepted Test Results must meet all accreditation / certification requirements unless stated otherwise.								TOFOLIS		
Public Water													Test Results must meet all accreditation / certification requirements unless stated SHADED AREA FOR LABORATORY USE ONLY Please Print/Si								TCEQ Laboratory ID: 48175					
System Name: County:														ignature	•			0 ,	Courier Transfer, if applicable)							
JOB NAME:										LAB USE ONLY									, , , , , , , , , , , , , , , , , , ,	realier transition, in applicable)						
	(Required for CONSTRUCTION)									Sample Iced?	Received By (Courier, if applicable): Print Name Signature															
	Nam	ne:	Yes No																							
	Addres	86.													Temperature Gun ID	Rinq'd By (Courier):	Sign	ature	ure Rec'd By Signature (Courier):				Date	Date / Time (Courier, if applicable)		
s To:	Addica														#: served	Relinquished B	y (Courier):	Print Name Signature						e / Time:		
Report Results To:	Ci	ity:	Temp.													Received By: (sceived By: (Lab) Signature									
oort	Sta	te:	TX Zip Code:								_				rected emp. ° C	Lab Commer	ate:				INCUBATION			LIMS Batch ID:		
Rep		_										Lab Committins.				INCUBATION Prepared				Date / Time:						
	Phone	#:						F	Fax #:												Ву:		Daic	Sator Fillion		
	Ema	Email: Other Contact:							Login Review By:		Date:	Analy			zed Date / Time:											
Sampler Name (Please Print Legibly): Signature:										•				ort to nt By:		Date	e / Time:									
											Laboratory Approval: Date / Time:															
	Operator License #: Owner Operator Other: Operator Other: Other: Official of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37, 10) By signing this form, the sampler																									
													37.10) By sigr	ning thi	is form, the sampler	Chlorine	Residual	Deleville	Lab Results				6		M N#	
	S	Sample I	rs were collected according to the systems established sample collection procedures, and that all information is accurate. The content of the systems established sample collection procedures, and that all information is accurate. The content of the systems established sample collection procedures, and that all information is accurate.								Sample ID & Date of	(mg	g/L)	Rejection Code (if	Test Method: SM 9				M 9223	ВВ	Sxs N#					
	T Use	Specific A	ecific Address / Location identified				* no			Date		Time		Replacement	Originating Sample (All			applicable)	- Chlorine Strip LIMS ID: N#				•		A Sxs	
	E		recific Address / Location identified in Sample Siting Plan Vells - Use Source ID for Well Sampled (Example: G1234567A) Vells - G1234567A) Vells - Use Source ID for Well Sampled (Example: G1234567A)		Please circle		Repeat, Replacement, & Triggered Raw	Compliand	ce Samples	Please Resubmit	Chlorine √ Total Coliform			E. (Coli	Laboratory LIMS ID #										
	# Ra		ecific Address / Location identified in Sample Siting Plan ells - Use Source ID for Well Sampled (Example: G1234567A)			Repeat	Repeat Raw We Special		Mo	Ď	Ϋ́	AM or PM		Rep	Samples)	Free	Total	rtesubiliit	Absent	Present	_+_+_		Absent	Present	(Work Order - SX)	
													AM/PM												- 0	
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	Form instru		w.tceq.texas.gov/	/drinkingwater/i	microbia	al/revis	ed-tota	al-colife	orm-rul	e		* Specia	al and Cont	tructio	on samples are NOT F	OR COMPLIA	INCE		ed Hold Tir	me (EH), Si	ilt or Turbid	lity (ST), He	eavy Bacte		ne on Form (NC), Insufficient Volume (HB), Chlorine Present (CL), Lab	