		TC	CEQ Mi	crobi	al	Re	epo	rti	ing	g F	or	m			Control #36-295 Rev. 3.0 Eff. 09/2017	NORTH		MUNICIPAL WATER DISTRICT LABORATORY: (972) 442-5405 201 East Brown Street, Wylie, Texas 75098							SUP ACCREGIN	AED
	Water System Identification & Sample Collection Information (Please type or use block print)   Public Water System ID: TY														Sample Acceptance Hours:											
				ΤX												M-W: 8am-12pm & 1-4pm; Th: 8am-12pm & 1-2pm; F: No samples accepted									TOFOL	×
(Must be / digits; include all zeros)														Test Results must meet all accreditation / certification requirements unless stated of SHADED AREA FOR LABORATORY USE ONLY Please Print/Sig								TCEQ Laboratory ID: T104704281	—			
System Name:								Cou	nty:					SHADED AREA FOR LABORATORY USE ONLY Please Pl Relinquished By (Sampler): Print Name Signature						ease Fill		•••	Courier Transfer, if applicable)	_		
•,•			JOB NAME:												LAB USE ONLY		y (oumpior).					Date	, nine. (C			
	(Required i	ed for CONSTRUCTION)										Sample Iced?					Received By (Courier, if applicable): Print Name Signature									
	Name:	:													Yes No Temperature	Rinq'd By	Sign					Date	Date / Time (Courier, if applicable)			
	Address:	:												IR Gun ID #:		(Courier): Relinquished B	v (Courier):	(Courier): Print Name Signature								
s To	ġ													Observed						oignature				Date / Time:		
Report Results To:	City:	y:													emp. ° C	Received By: (Lab) Signature										
port F	State:	:	TX Zip Code:											Corrected Temp. ° C		Lab Commen	ts:				INCUBATION			S Batch ID	:	_
Re		+			<u> </u>		-	<b>F</b>					<u> </u>							Prepared			e / Time:			
	Phone #:						Fax #:														By:					
	Email:	:		Other	er Contact:								Login Review By:					Analyzed By:			Date / Time:					
(P	Sampler Nam lease Print Leg				Signature:								2° Data Review By:		Date:	Report to Client By:			Date	Date / Time:						
Operator License #:								Ow	wner 🗌 Operator Other:				:		Laboratory Ap	oproval:					Date	Date / Time:				
	alsification 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,										orm, the sampler	Chlorine	Basidual		Lab Results						M N#					
			ollected according to th	-						ll inforn						(mg		Rejection						_	E Sxs	
			dentification/Lo		_	pe: (*	√ one) ×		Date	Co	Collected Time		ent	Sample ID & Date of			Code (if					M 9223	B	N# A Sxs		
	1		on identified	tion)			ction		<u> </u>	Year	Please	e circle or PM	Replacement	Originating Sample (All Repeat, Replacement,	Required for all Compliance Samples		applicable) Please	Chlo		trip LIMS ID: N# √ Total Coliform		E. (	Coli		_	
	Raw Wells - Use So		ample Siting Pla e Source ID for W		utine istribution)	Repeat	Raw Well		nstruc					Day	& Triggered Raw Samples)	Free	Total	Resubmit		1		Present Ab			Laboratory LIMS ID # (Work Order - SX)	
	#	(Exa	mple: G12345674	A)	<mark>g</mark> 2	Re	C, Ra	<del>}</del> 8	2		-			R	Samples)	Fiee	Total									
													AM/PM												_	
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Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule * Special and Contruction samples are NOT FOR COMPLIANCE Rejection Codes: Broken (BR), Excessive Volume (EV), Frozen (FZ), No Chlorine on For (VO), Exceeded Hold Time (EH), Silt or Turbidity (ST), Heavy Bacterial Growth (HB), Chlor														me												
Reje	ction: Other -																	Accident (LA)	, Lab Reje	ciea (LR),	Leaked (LI	), Otner (O	л)			