



<div><div>TCEQ Microbial Reporting Form</div><div>Control #36-295 Rev. 3.0 Eff. 09/2017</div></div>															<div><div>NORTH TEXAS MUNICIPAL WATER DISTRICT LABORATORY (972) 442-5405 201 East Brown Street, Wylie, Texas 75098</div><div><div></div><div>TCEQ Laboratory ID: T104704281</div></div></div>																															
Water System Identification & Sample Collection Information (Please type or use block print)															Sample Acceptance Hours: M-W: 8am-12pm & 1-4pm; Th: 8am-12pm & 1-2pm; F: No samples accepted <i>Test Results must meet all accreditation / certification requirements unless stated otherwise.</i>																															
Public Water System ID: <small>(Must be 7 digits; include all zeros)</small>					TX					County:					TCEQ Laboratory ID: T104704281																															
Public Water System Name:										County:					Relinquished By (Sampler): Print Name Signature Date / Time: (Courier Transfer, if applicable)																															
JOB NAME: (Required for CONSTRUCTION)															LAB USE ONLY					Received By (Courier, if applicable): Print Name Signature Date / Time: (Courier, if applicable)																										
															Sample Iced? <input type="checkbox"/> Yes <input type="checkbox"/> No																															
Report Results To: <div><div>Name:</div><div>Address:</div><div>City:</div><div>State: TX Zip Code:</div><div>Phone #:</div><div>Email:</div></div>															Temperature					Rin'g'd By (Courier): Signature Rec'd By (Courier): Signature Date / Time: (Courier, if applicable)																										
															IR Gun ID #:					Relinquished By (Courier): Print Name Signature Date / Time:																										
															Observed Temp. ° C																															
															Corrected Temp. ° C					Received By: (Lab) Signature Date / Time:																										
															Lab Comments:					INCUBATION					LIMS Batch ID:																					
																				Prepared By:					Date / Time:																					
															Login Date:					Analyzed By:					Date / Time:																					
															Review By:					Report to Client By:					Date / Time:																					
															2* Data Date:					Laboratory Approval:					Date / Time:																					
															Operator License #:					<input type="checkbox"/> Owner <input type="checkbox"/> Operator Other:																										
<small>Falsification 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 acknowledges that samples were collected according to the systems established sample collection procedures, and that all information is accurate.</small>																																														
SITE #															Sample Identification/Location										Sample Type : (√ one)						Collected						Replacement		Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)							
															Use Specific Address / Location identified in Sample Siting Plan										Routine (Distribution)		Repeat		Raw Well		Special *		Construction *		Date										Time	
															Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)																															