TCEO Microbial Reporting Form											Re	TCEQ Form ev. 11/2016 - El		ENVIRONMENTAL MONITORING LABORATORY, LLC Home Office / Central Division						SCAP ACCRE	OTED			
Water System Identification & Sample Collection Information (Please type or use block print with indelible ink only - DO NOT USE GEL PENS)													P.O. Box 477 / 6145 State Highway 171 Hillsboro, TX 76645							TN				
Public Water System ID: TX														Office: 254-582-2622 Emergency: 254-56 Panhandle Division Southwest Division					254-582-1		BORAT	JH.		
(Must be 7 aigns; include all zeros)									-			Panhandle Division Southwest Division 13260 South US Hwy 287 Amarillo, TX 79118 Office: 806-335-9393 Office: 325-247-3295			8643	East Texas Division 14295 SH 155 North Winona, TX 75792	TCEQ ID:	TX01547						
Public Water System															Emergency: 806-786-0612			Emergency: 830-730-3317				Office: 903-877-9222 Emergency: 817-357-6535	TCEQ LAB ID:	T104704247
Name:																Test Results must meet all accreditation / certification requirements unless stated otherwise.								
	Coun	County:														1.)	Sample T	ransport (Chain of Cu	-	ignature Required (No Initials)			
	Name:														Relinquished By (San	Relinquished By (Sampler): Date / Time:								
ق												Received By (Courier, if applicable):						Date / Time:						
Report Results To:	Address:													Relinquished By (Courier):						Date/ Time:				
ort Re	Ž City:											Received By (Lab): Date / Time:						e / Time:						
Rep	State:				Zip C	ode:										Sample le	Tompor	Temperature Corrected s				T		
	Phone #:	Phone #:				IX # :	· · · · · · · ·						□ Yes		rempera		mperature °C	form w	les received on this reporting rere analyzed in the laboratory ision shown circled above.	Trip: Yes / Paid: Yes / Check #				
Sampler Signature:										License #:						Tested By: (Initials)		Time Tested:				eported By: (Initials)	Date / Time	
Sampler Name (Print):					mpler Phone #: Owne						Operator			Report Approval Signature:						Date / Time:				
Other: Other: 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 the samples were collected as indicated, and that the information submitted is accurate. By											Approving Technical Manager: Date / Time:													
							1				Lab Results													
2	Use Specific Address / Location				Date Time				Gample Type .			*	 Originating Sample (All Repeat, Replacement, & 		Chlorine Residual	Rejection	Test Method: SM9223 / B Colile							
ment		DO NOT USE SITE #			۹.				ы				tion	Triggered Raw Samples)			Code	Total Coliform E. coli			oli		2 Number	
Replacement ? 🗹		DO NOT USE	SITE #	_					Б		=													N 1 4
Replace	Raw Well		Vell Sampled Example:	Month	Day	Year	Please of AM or a		Distribution	Repeat	aw Well	special *	Construe	Originating Lab ID#	Date of Collection	Circle "F" for Free, "T" for Total. (mg/L)	(if applicable) Please Re-submit	Present	Absent	Present	Absent	Laboratory Sample I	O Number	Notes
	Raw Well	Is Use Source ID for	Vell Sampled Example:	Month	Day	Year		PM am	Distribution	Repeat	Raw Well	Special *	Construction					Present	Absent	Present	Absent		O Number	Notes
	Raw Well	Is Use Source ID for	Vell Sampled Example:	Month	Day	Year		PM am pm am				Special *	Constru				Please Re-submit						O Number	Notes
	Raw Well	Is Use Source ID for	Vell Sampled Example:	Month	Day	Year		PM am pm am pm am								Total. (mg/L) F T F F F F F F F F F F F F F F F F F	Please Re-submit) Number	Notes
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