TCEQ Form 10525 **ENVIRONMENTAL MONITORING LABORATORY, LLC TCEQ Microbial Reporting Form** Rev. 11/2016 - EML 08/2019 Home Office / Central Division P.O. Box 477 / 6145 State Highway 171 Hillsboro, TX 76645 Water System Identification & Sample Collection Information (Please type or use block print with indelible ink only - DO NOT USE GEL PENS) Office: 254-582-2622 Emergency: 254-582-1614 **Public Water System ID:** TX Panhandle Division Southwest Division East Texas Division 13260 South US Hwy 287 Amarillo, TX 79118 811 E Young Street Llano, TX 78643 14295 SH 155 North Winona, TX 75792 (Must be 7 digits: include all zeros) TCEQ ID: TX01547 Office: 806-335-9393 Office: 325-247-3295 Office: 903-877-9222 Emergency: 806-786-0612 Emergency: 830-730-3317 Emergency: 817-357-6535 Public Water System TCEQ LAB ID: Samples received on this reporting form were analyzed in the laboratory division shown circled above. Name: T104704247 Test Results must meet all accreditation / certification requirements unless stated otherwise. Sample Transport Chain of Custody - Signature Required (No Initials) County: Sample Iced? Relinquished By (Sampler): Date / Time: Name Yes No Relinquished By (Sampler): Date / Time: Temperature Address Relinquished By (Courier): Date / Time: °C City Corrected Temp Date / Time: Relinquished By (Courier): State Zip Code °C Date / Time: Received By (Lab): Phone # Fax# Trip Charge: Yes / No Sampler Signature: License #: Tested By: (Initials) Reported By: Date Date / (Initials) Time: Time: Sampler Phone #: Owner Operator Sampler Name (Print): Report Approval Signature: Date / Time: Other: Approving Technical Manager: Date / Time: 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) signing this form, the sampler acknowledges that the samples were collected as indicated, and that the information submitted is accurate. Sample Type: (√) Sample Identification/Location Collected Lab Results Originating Sample (All Chlorine Residual Repeat, Replacement, & Test Method: SM9223 / B Colilert Use Specific Address / Location Date Time Rejection Chlorine Construction Triggered Raw Samples) Code DO NOT USE SITE # **Total Coliform** E. coli Distribution Raw Well Laboratory Sample ID Number Please circle Circle "F" for Free, "T" for (if applicable) Year Day Special Repeat Raw Wells Use Source ID for Well Sampled Example: Date of AM or PM Total. (mg/L) Please Absent | Present | Absent Present Absen Presen G1234567A Lab ID# Collection Re-submit pm П pm F П pm am pm am pm F am П П П pm П П П П П pm F am pm am П П П * Special and Contruction samples Rejection Criteria EH: Exceeded Hold Time HB: Heavy Bacterial Growth ST: Heavy Silt /Turbidity Present BR: Broken in Transit CL: Chlorine Present (in sample) EV: Excessive Volume FZ: Frozen Sample are NOT FOR COMPLIANCE Codes/Definitions: IN: Insufficient Information BP: Invalid Sampling Point IP: Invalid Sampling Protocol LA: Lab Accident LT: Leaked in Transit NC: No Chlorine Residual (on form) VO: Volume Insufficient