TCEQ Form 10525 **TCEQ Microbial Reporting Form ENVIRONMENTAL MONITORING LABORATORY, LLC** Rev. 08/2017 - EML 05/2022 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: **East Texas Division** Coastal Division Southwest Division Panhandle Division (Must be 7 digits; include all zeros) 34 East Ave Schulenburg 78956 TCEQ ID: TX01547 811 E Young Street Llano 78643 Office: 325-247-3295 14295 SH 155 North Winona 75792 13260 South US Hwy 287 Amarillo 79118 Office: 903-877-9222 Office: 979-743-7010 Office: 806-335-9393 Emergency: 830-730-3317 Emergency: 806-786-0612 Emergency: 817-357-6535 Emergency: 254-205-3114 **Public Water System** TCEQ LAB ID: T104704247 Samples received on this reporting form were analyzed in the laboratory division shown circled above Name: Test Results must meet all accreditation / certification requirements unless stated otherwise. Sample Transport Chain of Custody - Signature Required (No Initials) County: Sample Iced? Relinguished By (Sampler) Date / Time: Name Yes No Relinquished By (Courier): Date / Time: Temperature Address Relinquished By (Courier): Date / Time: °C City Corrected Temp Relinguished By (Courier): Date / Time: Zip Code °C State Received By (Lab): Date / Time: Trip Charge: Yes / No Other Paid: Cash Check # Phone #: Incubation Date & Time Tested By: Lab Notes: Contact: Begin Sampler Signature: License # Reported By: Sampler Name (Print): Owner \square Operator Report Approval Signature: Date / Time: Sampler Phone #: 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 Identification/Location Collected Sample Type : $(\sqrt{})$ Lab Results Originating Sample Chlorine Residual Use Specific Address / Location Date Time (All Repeat, Replacement, & Test Method: SM9223 / B Colilert Rejection Code Chlorine Triggered Raw Samples) **Total Coliform** DO NOT USE SITE # E. coli (if applicable) Raw Well Laboratory Sample ID Number Please circle Circle "F" for Free. Day Special ' Please Raw Wells Use Source ID for Well Sampled Example: Originating Lab Date of AM or PM "T" for Total. (mg/L) Absent Present Absent Absent Present Present Re-submit G1234567A Collection pm Т pm am П pm П П П П pm am П Т pm am П Т pm F am Т pm П П П Т pm П П Т pm П * Special and Contruction samples Rejection Criteria CL: Chlorine Present (in sample) RR: Broken in Transit EH: Exceeded Hold Time ST: Heavy Silt /Turbidity Present are NOT FOR COMPLIANCE Codes/Definitions: IN: Insufficient Information BP: Invalid Sampling Point IP: Invalid Sampling Protocol LA: Lab Accident LR: Lab Rejected LT: Leaked in Transit NC: No Chlorine Residual (on form) VO: Volume Insufficient