

Microbial Reporting Form

Upper Leon River Municipal Water District

2250 Hwy 2861 Comanche, TX 76442
p (254) 879-2258 | f (254) 879-2020
www.ulrmwd.com | lab@ulrmwd.com
Mon-Wed 8a - 4p Thurs 8a - 12p



TCEQ Laboratory ID:
T104704395-23-15

Sample Collection Information (Please type or use block print)

| | | | | | | | | | | | | |
|-----------------------|----------|----------|-----------|----------|----------|---------------------------------------|----------|----------|--------------|----------|----------|----------|
| P | R | I | V | A | T | E | S | A | M | P | L | E |
| Name: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| City: | | | | | | | | | | | | |
| State: | | | Zip Code: | | | Relinquished By (Sampler): | | | Date / Time: | | | |
| Phone #: | | | | | | Received By (Courier, if applicable): | | | Date / Time: | | | |
| Email: | | | | | | Relinquished By (Courier): | | | Date / Time: | | | |
| Sampler Name (Print): | | | | | | Signature: | | | | | | |

By signing this form, the sampler acknowledges that samples were collected according to the System's established sample collection procedures, and that all information is accurate.

| Sample Identification / Location | Sample Type: (✓ one) | | | Collected | | | | Replacement | |
|----------------------------------|--|---------|---------|-----------|-------|-----|------|-------------|------------------------|
| | Use Specific Address / Location of Sample Collection Site e.g., 911 address | Private | Bottled | Vended | Date | | | | Time |
| | | | | | Month | Day | Year | | Please Circle AM or PM |
| | | | | | | | | am | |
| | | | | | | | | pm | |
| | | | | | | | | am | |
| | | | | | | | | pm | |
| | | | | | | | | am | |
| | | | | | | | | pm | |
| | | | | | | | | am | |
| | | | | | | | | pm | |
| | | | | | | | | am | |
| | | | | | | | | pm | |
| | | | | | | | | am | |
| | | | | | | | | pm | |
| | | | | | | | | am | |
| | | | | | | | | pm | |
| | | | | | | | | am | |
| | | | | | | | | pm | |
| | | | | | | | | am | |
| | | | | | | | | pm | |
| | | | | | | | | am | |
| | | | | | | | | pm | |

SHADED AREA FOR LABORATORY USE ONLY

| | | |
|--|------------------------------|-----------------------------------|
| Sample Iced? | Received By (Lab): | Date / Time: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Measured Temperature | Incubation Date & Time |
| | °C | Begin End |
| | Corrected Temperature | Date: Date: |
| | °C | Time: Time: |
| Lab Comments: | | |
| Tested By: | | |
| Laboratory Approval: | | Date: Time: |
| Technical Director | | |
| Report to Client By: | | Date: Time: |
| Technical Director | | |

| Rejection Code (if applicable) Please Resubmit [§] | Lab Results | | | | | | NOTE: All test results relate only to the samples received. Laboratory Sample ID Number |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | Test Method | | SM 9223B (Coliort) | | | E. coli | |
| | Chlorine ✓ | | Total Coliform | | E. coli | | |
| | Absent | Present | Absent | Present | Absent | Present | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

[§]Sample Unsuitable for Analysis BR=Broken in Transit EH=Exceed Hold Time FZ=Frozen Sample ST=Heavy Silt or Turbidity Present BP=Invalid Sampling Point LA=Lab Accident LT=Leaked in Transit
REJECTION CODES CL=Chlorine present (in sample) EV=Excessive Volume HB=Heavy Bacterial Growth IN=Insufficient Sample Information IP=Invalid Sampling Protocol LR=Lab Rejected VO=Volume Insufficient

This form has been revised from the original TCEQ form to meet project-specific quality system requirements for Upper Leon River Municipal Water District