Microbial Reporting Form

Rev # 2 | Effective Date 6/12/25

Upper Leon River Municipal Water District
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Mon-Wed 8a - 4p Thurs 8a - 12p

TCEQ Laboratory ID: T104704395

Test Results must meet all accreditation/certification requirements unless stated otherwise.

Sample Collection Information (Please type or use block print)

P R I V A T E S A M P L E

Report Results To:

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.

SHADED AREA FOR LABORATORY USE ONLY

Sample Iced?	Received By (Lab):	Date / Time:
☐ Yes ☐ No	**Measured Temperature** °C	**Incubation Date & Time** Begin Date: / End Date:
Thermometer ID	**Corrected Temperature** °C	Begin Time: / End Time:

Lab Comments:

Tested By:

Laboratory Approval: Technical Director Date: Time:

Report to Client By: Technical Director Date: Time:

Sample Identification / Location: Use Specific Address / Location of Sample Collection Site (e.g., 911 address)	Sample Type: (✓ one) Private	Bottled	Vended	Collected Date: Month	Day	Year	Time: Please Circle AM or PM	Replacement	Rejection Code (if applicable) Please Resubmit§	Lab Results: Test Method SM 9223B (Colilert) Chlorine ✓ Absent	Chlorine ✓ Present	Total Coliform Absent	Total Coliform Present	*E. coli* Absent	*E. coli* Present	Laboratory Sample ID Number
							am pm	☐		☐	☐	☐	☐	☐	☐	
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NOTE: All test results relate only to the samples received.

§Sample Unsuitable for Analysis

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