| _ | | Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule 22 | | | | | | | | | | | | | | Upper Leon River Municipal Water District 2250 Highway 2861 Comanche, TX 76442 | | | | | | | | | Lab Logo/Image | | |
|---|---|--|------------------------|------------------------------|--------|-------------|-----------|--------------|------------------|--|------------------|----------------------|------------------|--|-------------------------------------|---|--------------------------------|-------------------------|----------|-------------|-------------------|---|--|--------------|----------------|--|--|
| | Water System Identification & Sample Collection Information (Please print or type the information) | | | | | | | | | | | | | | p (254) 879-2228 f (254) 879-2020 | | | | | | | | | | | | |
| Public Water System ID: TX | | | | | | | | | | ulrmwd.com lab@ulrmwd.com | | | | | | | | | | oratory ID: | | | | | | | |
| (| Must be 7 digits; | include all zeros) | 1 | M | | | | | | | | | | | | | Mon-Wed 8a - 4p Thurs 8a - 12p | | | | | | | | T104704395 | | |
| Public Water System Name: | | | | | | | | | | Laboratory Analysis | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | Sample Iced | ample Iced? Temperature (°C) | | | | | | Lab Comments | | | | |
| To: | Name: | me: | | | | | | | | | | | | | | Yes 🗌 No | | ctual emp: | | | prrected Temp: | | | | | | |
| Report Results To: | Address: | | | | | | | | | | | | | | | Incubation Date and Time | | | | | | Lab Rejected Code (LR) - Document Reason: | | | | | |
| port F | City: | | | | | | State: | | | Zip Code: | | | | | | Start Date and T | ïme: | | Analyst: | | | | | | | | |
| Re | | none #: PWS Email: | | | | | | | | End Date and Time: Analyst: Result Reporting and Approva | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | Resul | t Reportin | <u> </u> | | | | | | |
| * SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES | | | | | | | | | Laboratory Appro | oval: | | | | | | Date: | | Time: | | | | | | | | | |
| Sample Identification/Location | | | | Sa | е Туре | ype (√ one) | | | lected | Chlorine Residu | | al | Original Sample | ample | Reported to PWS | S By: Date: Time: | | | | | | | | | | | |
| | | location/address ider | tion) | | | | | | Time | | | | Info: Sample ID | , ple ID | | Laboratory Analysis Re | | | | | ılts | | | | | | |
| | system's F | RTCR Sample Siting | ICR Sample Siting Plan | | | | | * u | Date | Time Military Time (HHMM) | Free mg/L | Total mg/L | Replacement | and Date of Collection (Repeat, TSM Raw Well, Replacement | | Rejection obuc | Test Me | hod: SM9223B Idexx Co | | | olilert® | | Analysis Results meet all accreditation requirements | | | | |
| Raw Wells: Use Well Source ID (Ex: G' | | | 210345674 | () Routine (Distribution) | at | Well | al * | Construction | (MM/DD/YY) | | | | | | | (if applicable) - Please | Chlorii | ne Check Total Coliform | | E. coli | | unless stated oth | | ted otherwis | ie. | | |
| | | | 31234307A | Routi | Repeat | Raw Well | Special * | Consi | | | | | | | Jennenn) | Recollect | Absent | Present | Absent | Present | Absent | Present | Laboratory Sample ID Number | | umber | | |
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| ╞ | I acknowledge that samples were handled appropriately and all information is accurate. Falsification of this form or tampering with | | | | | | | | | ng with | water samples is | a crime | punishable | e under sta | ate and/or | federal lav | v. (Texas Pe | enal Code, Title 8. | Chapte | r 37.10) | | | | | | | |
| Sampler Name (Print): Sampler Signature: | | | | | | | | | | - | Sampler Phone #: | | | | | | | , | | | | | | | | | |
| | Sampler Email: | | | | | | | | | | | | | | Operator License # | | | | | | | | | | | | |
| - | Relinguished By | | | | | | | | | | | Dec | (if applicable): | | | | | | | | | | | | | | |
| | Sampler: | | | | | | | | | Date and Time: | : | | | | | ceived By (if applicable): | | | | | | | Date and Tim | e: | | | |
| Relinquished By | | | | | | | | | | Date and Time: | ime: | | | | Recei | ved By Lab: | | | | | | Date and Tim | e: | | | | |