## Rev. 3 **TCEQ Microbial Reporting Form** 12/2018 Abilene-Taylor County Public Health District Laboratory Water System Identification & Sample Collection Information (Please type or use block print) 850 N. 6th St. Abilene, TX 79601 Phone: 325-437-4653 Fax: 325-437-2407 TCEQ Laboratory ID: Water System Name: 48003 SHADED AREA FOR LABORATORY USE ONLY County: Sample Iced? Relinquished By (Sampler): Date / Time: IR-Thermometer Name: Yes No Received By (Courier, if applicable) Date / Time: Temperature °C Report Results To: Address Correction Relinquished By (Courier): Date / Time: Factor (°C) City Received By (Lab): Date / Time: Corrected Temp °C Zip Code: Fax #: State: Lab Comments: Incubation Date & Time Begin End Other Contact: Phone # Tested By: Date: Date: Sampler Name (Print): Signature: Time: Time: Laboratory Approval: Date: Time: Operator License # (If applicable): Report to Client By: Date: Time: □ Operator Other: □ Owner 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) By signing this form, the sampler Chlorine Residua Lab Results acknowledges that samples were collected according to the systems established sample collection procedures, and that all information is accurate Rejection Code Sample Identification/Location Sample Type : (√ one) SM 9223 B - P/A Enzyme Substrate Sample ID & Date of Test (if applicable) Originating Sample IDEXX Colilert-18 Method: Date Use Specific Address / Location identified in Sample Time Circle "F" for Free, Construction ' (All Repeat, Please Chlorine √ **Total Coliform** E. Coli Siting Plan "T" for Total. Raw Well Month Replacement, & Resubmit Day Please circle Special ' Repeat Laboratory Sample ID (mg/L) Raw Wells - Use Source ID for Well Sampled Triggered Raw AM or PM Absent Absent Present Absent Present Present Samples) Number (Example: G1234567A) Bottle ID pm F am Т pm F am pm Т F am pm Т am F Т pm F am П mq Т am F Т pm F am Т pm F am pm Lab Rejected Code (LR) - Document Reason: Page Sample Container: Billing Info: Report ID: of