	TCEC	2	MICROBIAL MONITORING FORM													ental La	ab, Inc.						HULP RECOGNED
Public/Private Water System Identification & Sample Collection Information type or use block print)													(Please	PO Box 1631375 1119 S University Nacogdoches, Texas75963					EASTEX				TOROTATION NOT
Public Water System ID:														Nacu	guoches, re	xa5/ J3	505				INC.		TCEQ Certificate
			digits; include all zeros)											ne: 936-569-8					τ χ	السمح ا		Available on website	
Put	olic Water	System												Fax: 936-569-8951 www.eastexlabs.com					2				Test results meet all acreditation/certification requirements
	Name	:					www.cdstcxidb5.com					TCEQ Lab ID: 00962				unless stated otherwise.							
	Count	v					LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE																
	oount	.y.												s	Sample Iced	? Received				Date / Time			
ö	Name:														Yes	No		By:		Received:			
ults T	Address:													lf no, t	temperature	e at	Tested By:	ed Bv:		Date / Time			
Send Results To:	City:														receipt?				 	Tested:			
Seno													°C			orted		Date / Time					
	State:				z	ip:					-							By:		Reported:			
Pho	ne #:					Fax #	#:							Report Approval									
Sam	pler Name	:													- Signature/Title:					Technical	1		
Sampler Contact # :							□ ov	Owner Operator Other:							pproving lical Director:		Merce	e Vulpo		Director Deputy Tech	Date of Approval		
		stem Type	e: ( $$ Check only one box)				Water Sour	rce: (*	√ Check								Carsv			Director			
	Public										Chlorine Unsuitabl												
	Other			_			Surface	e Water Influence						Residual Sample - Plea Resubmit wit								Laboratory	
	Sa			Collected				Sample Type : (V Check only one I									-	Test Method: SM 9223B					
			entification/Location		Date	Collecte				bie i y	pe : (√	Check (			Free mg/L		24hrs	s*		Test Metho	d: SM 9223	В	Sample ID
		se Specifi	ic Address/Location OT SITE # )	÷	Date		Time						nly one box <b>)</b> nclude Lab ID of riginating Positive		Free mg/L				Total	Test Metho	-	B . coli	
	Us	se Specifi ( NC	ic Address/Location	Month	Date Dav Dav	Year		le l	Construction	Raw Well		Ŧ	nclude Lab ID of		Free mg/L Total mg/L			s* Criteria	<i>Total</i> Present		-		Sample ID
	Us	se Specifi ( NC	ic Address/Location OT SITE # ) ource ID for Well Sampled	Month			Time Please circl	am			Special		nclude Lab ID of riginating Positive on all Repeat				ection			Coliform	E	. coli	Sample ID
	Us	se Specifi ( NC	ic Address/Location OT SITE # ) ource ID for Well Sampled	Month			Time Please circl	am pm	Construction	Raw Well	Special	Repeat	nclude Lab ID of riginating Positive on all Repeat				ection		Present	Coliform	Present	Absent	Sample ID
	Us	se Specifi ( NC	ic Address/Location OT SITE # ) ource ID for Well Sampled	Wonth			Time Please circl	am [ pm [ am pm [ am am ]	Construction	Raw Well	Special	Repeat	nclude Lab ID of riginating Positive on all Repeat				ection		Present	Coliform Absent	Present	Absent	Sample ID
	Us	se Specifi ( NC	ic Address/Location OT SITE # ) ource ID for Well Sampled	Month			Time Please circl	am [ pm ] am [ am ] am ] pm ]	Construction	Raw Well	Special	C Repeat	nclude Lab ID of riginating Positive on all Repeat				ection		Present	Coliform Absent	Present	Absent	Sample ID
	Us	se Specifi ( NC	ic Address/Location OT SITE # ) ource ID for Well Sampled	Month			Time Please circl	am pm am pm fm am pm am pm fm am	Construction	Raw Well	Special	Sepeat	nclude Lab ID of riginating Positive on all Repeat				ection		Present	Coliform Absent	Present	coli       Absent       Image: Coline of the second s	Sample ID
	Us	se Specifi ( NC	ic Address/Location OT SITE # ) ource ID for Well Sampled	Month			Time Please circl	am pm am pm am pm am pm am pm c am am pm		Raw Well	Special C	Sepeat	nclude Lab ID of riginating Positive on all Repeat				ection		Present	Coliform Absent	Present	Coli Absent Absent	Sample ID
	Us	se Specifi ( NO	ic Address/Location OT SITE # ) ource ID for Well Sampled	Wonth			Time Please circl	am pm am pm am pm am pm am pm am pm am pm am			Special	C C C C C C C C C C C C C C C C C C C	nclude Lab ID of riginating Positive on all Repeat				ection		Present	Coliform Absent	Present	coli Absent	Sample ID
	Us	se Specifi ( NO	ic Address/Location OT SITE # ) ource ID for Well Sampled	Wonth			Time Please circl	am pm am pm am pm am pm am pm am pm am pm am pm am am am pm am am am pm			Special		nclude Lab ID of riginating Positive on all Repeat				ection		Present	Coliform Absent		coli Absent Absent	Sample ID
	Us	se Specifi ( NO	ic Address/Location OT SITE # ) ource ID for Well Sampled	Wouth Control of the second se			Time Please circl	am pm am pm am pm am pm am pm am pm am pm am pm am pm am pm am pm am pm am am pm am am pm			Special Specia		nclude Lab ID of riginating Positive on all Repeat				ection		Present	Coliform Absent		coli Absent Absent	Sample ID
	Us Raw We	se Specifi ( NO	ic Address/Location OT SITE # ) ource ID for Well Sampled	Wouth Control of the second se			Time Please circl	am pm			Special Specia	Seperat	nclude Lab ID of riginating Positive on all Repeat				ection		Present	Coliform Absent		. coli Absent	Sample ID
	Us	se Specifi ( N( Ils Use So Examp	ic Address/Location OT SITE # ) ource ID for Well Sampled		Day	Year	Time Please circl	am pm [ am pm ] am pm [ am pm ]			Special Specia	Version Contraction Contractio	nclude Lab ID of riginating Positive on all Repeat Samples			Reje	ection	Criteria	Present	Coliform Absent Absent		coli           Absent           Image:	Sample ID Number