	Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule														125 Lehmann Dr., Ste. 100							Paymen	nt Info:		Lab Logo/Image	
Water System Identification & Sample Collection Information (Please print or type the information)								mation)				Kerrville, TX 78028 Phone: (830) 896-5445						Cash CC								
(N	Public Water S lust be 7 digits; ind															Email: nshepherd@ugra.org								TCEQ Laboratory ID:		
Public Water System Name:																L	aboratory	y Analysis		ł						
															Sample Iced? Temperat					nperature	ure (°C)			Lab Comments		
:0	Name:														Yes	No		ctual emp:			rected					
sults To	Address:														Incubation Date and Time						Lab Rejected Code (LR) - Document Reason:					
Address: City:						State):			Zip Coo	de:				Start Date and Time:						nalyst:					
														End Date	and Ti	ıd Time:				Analyst:						
Phone #:					PWS Email:										Re					Resul	t Reportin	ig and Appi	oroval	-		
	*;	SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES													Laboratory	Date: Time:								Time:		
Sample Identification/Location			S	Sample Type (√ one)				Col	Chlorine Residual			Original Sample		Reported to PWS By:								Date	e:	Time:		
Use sample site location/address identified in the system's RTCR Sample Siting Plan			ution)					Time				Info: Sample ID and Date of	ple ID				Laboratory				alysis Resi	ults				
system's RTCR Sample Slung Plan			ridii	Distrib				tion *	Date (MM/DD/YY)	Military Time	Free mg/L	Total mg/L	ment	Collection	ion	Rejection Code (if applicable) -		Test Method:		T-4-10		-	!	Analys	Analysis Results meet all accreditation red unless stated otherwise.	
Raw Wells: Use Well Source ID (Ex: G1234567A)			the (Distribution)		Raw Well	Special *	Construction		(HHMM)	mg/L	ing/L	Replacement	(Repeat, TSM R Well, Replaceme			e Í		Chlorine Check Total Coliform Absent Present Absent Present			E. coli It Absent Present			Laboratory Sample ID Numb		
		Ro	Re	Ra	Sp	ပိ					Re			T COORC		Absent	Flesell	Absent	Flesen	ADSent	Flesent		Laboratory			
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_			╞													<u> </u>										
I acknowledge that samples were handled appropriately and all information is accurate. Falsification of this form or tampering with water samples is a crime punishable under state and/or fede										federal lav	v. (Texas P	enal Cod	le, Title 8, Chap	ter 37.10)												
Sam	Sampler Name (Print): Sampler Signature:										Sampler Phone #:															
s	ampler Email:																Operator License # (if applicable):									
Relinquished By Sampler:									Date and Time:	:					ceived By (if applicat	ole):							Date	e and Time:		
Relinquished By									Date and Time:	:			Recei	ved By Lat):							Date	e and Time:			