## MICROBIAL REPORTING FORM

**Public/Private Water System Identification & Sample Collection Information (Please type or use block print)**

**Public Water System ID:** TX

**Public Water System Name:**

**County:**

**Company:**

**Name:**

**Mailing Address:**

**City:**

**Email:**

**State:**

**Zip:**

**Phone #:**

**Hard Copy?** □ mail □ fax

**Comments:**

**Sample Iced?** □ Yes □ No

**Sample Received By:**

**Date / Time Received:**

**Sample Tested By:**

**Date / Time Tested:**

**Sample Reported By:**

**Date / Time Reported:**

**Test Method:** SM 9223 Colilert or Colilert-18

**Chlorine Residual**

<table>
<thead>
<tr>
<th>Free mg/L</th>
<th>Total mg/L</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Present</td>
<td>□ Absent</td>
</tr>
</tbody>
</table>

**Replacing Raw Wells Use Source ID for Well Sampled Ex: G1234567A**

**Sample Identification/Location**

**Sample Type:**

- AM
- PM

**Operator License #:**

**Sampler Signature #:**

**Approving Technical Director:**

**Date of Approval:**

**Lab Rejected Code (LR)**

**Unsuitable Sample - Please Resubmit**

**Note:** All test results relate only to the samples as received.

**Test Method:** SM 9223 Colilert or Colilert-18

**Lab Results**

<table>
<thead>
<tr>
<th>Total Coliform</th>
<th>E. coli</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>Absent</td>
</tr>
</tbody>
</table>

**Sample Approval Signature/Title:**

**Lab Manager**

**Laboratory Sample ID Number**

**Lab Rejected Code (LR) - Document Reason:**

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A 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 31.10)

* By signing this form, the sampler acknowledges that samples were collected according to the systems established sample collection procedures, and that all information is accurate.

* Special and Construction samples are NOT FOR COMPLIANCE.