

MICROBIAL REPORTING FORM



**Upper Guadalupe River Authority
Environmental Laboratory**

Phone (830) 896-5445 Fax (830) 257-2621
125 Lehmann Suite 100 Kerrville, TX 78028
WWW.UGRA.ORG



TCEQ Certificate #:
T104704283

Test results meet all accreditation/certification requirements unless stated otherwise.

TCEQ Lab ID 48145

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

Public Water System ID: TX
(Must be 7 digits; include all zeros)

Public Water System Name:

County:

Company: Name:

Mailing Address:

City: **Email:**

State: **Zip:** **Fax #:**

Phone #: **Hard Copy?** mail fax **Comments:**

Sampler Name: Owner Operator Other:

Sampler Contact # : **Operator License #:**

Sample Identification/Location **Collected** **Sample Type: (one)** **Replacements**

Sample Identification/Location Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled Ex: G1234567A	Date			Time <i>Please circle AM or PM</i>	Routine (Distribution)	Repeat	Raw Well	Special ^B	Construction ^B	Include Sample ID of originating sample on all Replacement, Repeat, and Triggered Raw Samples	Check if Replacement	Chlorine Residual <input type="checkbox"/> Free mg/L <input type="checkbox"/> Total mg/L
	Month	Day	Year									
				AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
				PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE

Sample Iced? Received By: Date / Time Received:
Yes No

If no, temperature at receipt? **Tested By:** Date / Time Tested:

Reported By: Date / Time Reported:

Report Approval Signature/Title: Lab Manager

Approving Technical Director: **Date of Approval:**

UGRA container U1?	C12 Check: Present (P), Absent (A), Exempt (E)	Unsuitable Sample - Please Resubmit ^C	Lab Results <small>Note: All test results relate only to the samples as received.</small>				Laboratory Sample ID Number
			Test Method: SM 9223 Coliort or Coliort-18		E. coli		
Lab Rejected Code	Present	Absent	Present	Absent	Present	Absent	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Paid Cash CC Check ref#:

Date/Time:

Relinquished by:

^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.

^B Special and Construction samples are NOT FOR COMPLIANCE.

^C Lab Rejected Code (LR) - Document Reason: