

TCEQ	<b>MICROBIAL MONITORING FORM</b>						
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)							
Public Water System ID: <small>(Must be 7 digits; include all zeros)</small>							



**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 Water System Name:							
County:							
Company:				Name:			
Mailing Address:							
City:			Email:				
State:	Zip:					Fax #:	
Phone #:			Hard Copy? mail fax				Comments:

Sampler Name:							
Sampler Contact # :				<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other: _____			

System Type : (✓)			Water Source : (✓)				
<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Bottled/Vended	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Surface Water			
<input type="checkbox"/> Other _____			<input type="checkbox"/> Groundwater with Surface Water Influence				

Sample Identification/Location  Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled Ex: G1234567A	Collected			Sample Type : (✓ only one)						Chlorine Residual  <input type="checkbox"/> Free mg/L <input type="checkbox"/> Total mg/L
	Date		Time	Distribution	Construction	Raw Well	Special	Repeat:	Include Lab ID of Originating Positive on all Repeat Samples	
	Month	Day	Year							
				AM	<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"/>	
				AM	<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"/>	
				AM	<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"/>	
				AM	<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"/>	
				AM	<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"/>	
				AM	<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"/>	

LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE		
Sample Iced?  Yes No	Received By:	Date / Time Received:
If no, temperature at receipt?	Tested By:	Date / Time Tested:
°C	Reported By:	Date / Time Reported:

Report Approval Signature/Title:	Lab Manager
Approving Technical Director:	Date of Approval:

UGRA container U1? Res C12 Check	Unsuitable Sample - Please Resubmit* Rejection Criteria #	Lab Results <small>Note: All test results relate only to the samples as received.</small>				Laboratory Sample ID Number
		Test Method: SM 9223 Colilert or Colilert-18				
		Total Coliform		E. coli		
		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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TCEQ Form: 10525 05/2012 modified by UGRA 06/2012 rev 0	<b>*Unsuitable Sample Analysis Rejection Criteria # Definitions</b>	1) Sample too old. Exceeded hold time. 2) Insufficient volume	3) Excessive chlorine present in sample. 4) Heavy silt/turbidity present.	5) Form Incomplete / Date Discrepancy (Errors Circled) 6) Other:
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Relinquished by: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \$ \_\_\_\_\_ Paid Cash CC Check ref#: \_\_\_\_\_