_																											
		Microbial Reporting Form														S RIVER AUTHO	Red River Authority of Texas Environmental Services Laboratory							Laborat	tory Us	e Only COC#:	
	Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule  Water System Identification & Sample Collection Information (Please print or type the information)															P.O. Box 240, Wichita Falls, TX 76307-0240											
	Dublic Wate		stem Identii	ication	& Sar	mple	Colle	ection	Information	Please print or typ	e the infor	mation)				OF TEXAS	3000 Hammon Rd, Wichita Falls, TX 76310-7500 Phone: 940 723 1717 Fax: 940 723 6529							ATORY	TCF	-O Labo	ratory ID:
Public Water System ID: (Must be 7 digits; include all zeros)													ite: www.rra							T104704274							
Public Water System Name:														L	aborator	y Analysis		<u> </u>									
	Tubio vido ojecim nume.												Sample Iced	d?	Temperature (°C)				hermometer I	D	Lab Comments						
	Name:															Yes No		Actual Corrected Temp:									
≧ Address:												Incubation Date			Temp	·			l al	Lab Rejected Code (LR) - Document Reason:							
t Kesu		01						7.0.1					Start Date and	Time:	Analyst:					Lui	Las rejected code (Ert) Becament reacons						
Керог	City:	City: State:					Zip Code:						d Date and Time:				Analyst:										
	Phone #:		PWS Email:																Result Reporting and Approve								
		* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE							NNOT BE US	USED AS ROUTINE OR REPEAT SAMPLES					Laboratory Appr						Date: Time:						
Sample Identification/Location Sample Type (√one)						C	Collected Chlorine Re						Reported to PW	S By:								-	Time:				
U	se sample site	location/address ide	(uc										Original Sample Info: Sample ID			ı			Labo	Laboratory Analysis Result							
Use sample site location/address identified in the system's RTCR Sample Siting Plan  Raw Wells: Use Well Source ID (Ex: G1234567A)  Raw Wells: Use Well Source ID (Ex: G1234567A)						*	Date	Time Military Time	Free	Total	Ħ	and Date of Collection	e of	Rejection Code	Test N	lethod:						Analysis Results meet all accreditation requireme		n requirements			
_	···· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	M-II 0 ID /F	040045074\	ne (Di	Repeat	Vell	* /6	Construction	(MM/DD/YY)	(HHMM)	mg/L	mg/L	cement	(Repeat, TSM Raw	M Raw	(if applicable) Please	Chlo	rine Check	Total Coliform		E. coli		uni		less stated otherwise.		
K	aw Weils: Use	Mell 20ncce ID (Ex:	ell Source ID (Ex: G1234567A)			Raw Well	Special *	Consti					Replac	Well, Replacement	ement)	Recollect	Abser	sent Present Absent		osent Present		Present		Laboratory	ory Sample ID Number		
														1													
		l acknowledge t	hat samples	were h	andle	d app	propri	iately	and all infor	nation is accurat	e. Falsifica	ation of th	is for	rm or tamperin	ng with	water samples i	s a crim	e punishable	under sta	te and/or	ederal la	w. (Texas Pe	nal Code,	Title 8, Cha	pter 37.1	10)	
ampler Name (Print): Sampler Signature:													•	er Phone													
	ampler Email:																		or License pplicable):								
	linquished B									Date and Time:		Courier			ceived By (if applicable):							Date a	and Time:				
our	linquished By ier (if applical	ole):	):							Date and Time:		Re Courie			Red Courier	ceived <b>By</b> (if applicable):							Date	and Time:			
R	linquished B Courier:	У								Date and Time					Recei	ved By Lab:							Date a	and Time:			