ectly. ** SAMPLES ARE NOT ACCEPTED ON FRIDAYS**

leport Results To: Phone This analytical report is intended exclusively for the individual or entity to which it is addressed. If you are not the named addressee, you are not authorized to read, print, retain, any part of it. If you have received this report in error, please notify the EARDC Laboratory. Form Instructions: www.teeq.texes.gov/drinkingwelter/microble/fevised.
Client notification for unsuitable or positive samples:
Person contacted:
Date/Time Notifed: Use Specific Address / Location identified in Operator License #: Sampler Name (Print): sample Siting Plan alsification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37.10) By signing this form, the sampler acknowledges that amples were collected according to the systems established sample collection procedures, and that all information is accurate. State: Name: Address: Q;. Water System (
Public Water System ID:
(Must be 7 digits; include all zeros) Sampled (Example: G1234567A) Raw Wells - Use Source ID for Well Public Water System Name: ***It is the clients responsibility to fill out this form correctly. *** となり Sample Identification/Location County: T Ĭ M まるび TCEQ Microbial Reporting Form Sample Collection Information (Please type or use block print)
TX U Sample Type : (v one) Routine (Distribution) Repeat Zip Code: Email (Yor N): Raw Well Special ' Owner Signature: Construction Date Mailed/by: Month Day Operator Year BINNE Please circle AM or PM Hard Copy:\@Y Time Other: Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples) 2 Report to Cilent By: (Tested By: 6 * -Corrected Temp C Laboratory Approval: Chlorine Residual TCEQ Lab ID: 48131 Email: jg13@txstate.edu or ma15@txstate.edu
Test Results must meet all accreditation / certification requirements unless stated TEXAS * STATE copy, or desseminate this report or 50 Ç Rejection Code (If applicable) - Please Resubmit Lab Rejected 중 Relinquished By (Courier) Received By (Courier, if applicable): Relinquished By (Sampler): Received By (Lab): Edwards Aquifer Research and Data Center Texas State University 601 University Dr. San Marcos, TX 78666-2669 Phone: 512-245-2329 Lab Results SM9223-2011 SHADED AREA FOR LABORATORY USE ONLY Ø Absent Times4:35P Date:3/30/27 122 Date /Time: 3-30-22 Dale / Time: Date/Time: Dale / Time: aboratory Sample ID Number US370 Date 3/25/22 Incubation Date & Time 108.8° Time: T104704402--21-18 Form: MMF2020-0 Ell:3/5/20 \$ \$\frac{1}{2} S 131122