	TCEQ Microbial Reporting Form (TCEQ-10525)														Aqua-Tech Laboratories, Inc. AQUA-TECH														
		Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule Water System Identification & Sample Collection Information (Please print or type the information)														AUSTIN BRYAN COC#													
Public Water System ID: (Must be 7 digits; include all zeros) Water System Identification & Sample Collection Informat						Information	nation (Please print or type the information)						Austin, TX 78744						35 Phil Gra Bryan, TX 979.778	X 77807	d.	TCEQ Laboratory ID:							
Public Water System Name:																	L	aborator	y Analysis										
	Public Water 5	ystem Nan	ne:															Sample Iced	l?		Temperature (°C)				Lab Comments				
	Name:														Ì	Yes No	Actual Corrected												
ts To:	Address:																	103		Temp:			emp:						
Report Results To:	714410001															0	Incubation Date and Time				<u> </u>	Lab Rejected Code (LR) - Document Reason:				eason:			
Report	City:					State:) :			Zip Cod	le:		ŀ	Start Date and					Analyst:							
Ľ	Phone #:							PWS Email:										End Date and Time: Analyst: Result Reporting and A					a and Anne	roval					
		* CAMDI E	SAMPLES MARKED AS SPECIAL OR CONST						ICTIO	NI CA	NNOT RE II	SED AS DOLITIME	OD DEDEA	PFAT SAMPI FS				Laboratory Appre	Result Reporting and App					Date: Time:					
		Identificati				Type (√ one)				Collected	1	Residual	-			Reported to PW	, ,,		SEE REPORT HEADER				Date:	REPORT HEA			EADER		
- 1	lse samnle site l	location/add	cation/address identified in the													Original Sample Info: Sample ID		· · · · · · · · · · · · · · · · · · ·	Laboratory Analysi					ults	l .				
•		RTCR Samp		0	Routine (Distribution)				*	Date	Time	Free	Total	=	and Date of Collection	of	Rejection Code Test N		t Method: SM9223 B 2004		18	24	Analysis Results meet all accreditation requirements			ments			
			0 15 (5 0 100 1505)					e	* /٤	Construction	(MM/DD/YY)	Y) Military Time (HHMM)	mg/L	mg/L	cement	(Repeat, TSM Raw	Raw	(if applicable) - Please	Chlo	lorine Check Total Colif		Coliform	liform <i>E.</i>		. ,.	unless stated otherwise.			
F	aw Wells: Use V	Vell Source ID (Ex: G1234567			3456/A) :[]		Repeat	Raw Well	Special *	Constr					Replac	Well, Replacement	nent)	Recollect	Abser	nt Prese	nt Absent	Present	Absent	Present		Laboratory	Sample ID	Number	
		l acknow	vledge th	at sam	ples we	re ha	ndled	d app	ropri	iately	and all info	rmation is accurat	l e. Falsifica	tion of thi	s for	m or tampering	with v	vater samples is	s a crim	e punisha	ble under st	te and/or i	l federal lav	v. (Texas Pe	enal Code,	, Title 8, Chap	er 37.10)	<u> </u>	
Sampler Name (Print): Sampler Signature									re:				Sai	ampler Phone #:															
8	ampler Email:																Operator License # (if applicable):												
R	elinquished By Sampler:	,										Date and Time	:					eived By (if applicable):							Date	and Time:			
R	elinquished By Courier:	'										Date and Time	:	Recei				ved By Lab:	/ Lab:						Date :	and Time:			