	TCEO Mignobial Departing Form													TCEQ Form 10525			-							S ACCRED	
TCEQ Microbial Reporting Form													08/2017	Victoria County Public Health Department								ALL THE			
	Water System Identification & Sample Collection Information (Please type or use block print)														2805 N Navarro St									TNI	
Public Water System ID: (Must be 7 digits; include all zeros) TX														Victoria, TX. 77901 Phone: 361-578-6281 Fax: 361-579							1 (24	0	FABORATORY		
Public Water System														Phone:	30	1-5/8-0	281	Гč	ix: 30	1-575	9-034		NELAP CERTIFICATE # T 104704389 - 21-		
Name:														Test Results must meet all accreditation / certification requirements unless stated otherwise.							vise.	TCEQ Laboratory ID:48027			
County:													SHADED AREA FOR LABOR						BORATO	RY USE O	NLY				
											Sample Iced? Relinquished By (Sampler):						Date /	Time:							
	Name:												Yes		No	ed By (Courier, if applicable):				Date /	Time:				
s To:	Address:															Temp						Date	Date / Time.		
											Relinquished By (Courier):							Date/ Time:							
City:												Corrected Temp Received By (Lab):							Date / Time:						
Rep	State: Zip Code:																								
											Lab Comments:								Ir Begin	ncubation Date & Time L End					
Phone #: Other Contact:												Tested By:							Date: Date:						
Sampler Name (Print): Signature:											1						Time:		Time:						
											Laboratory Approval: Date:								Time:						
Operator License #:							Operator Other:				Report to C	Report to Client By: Date: Time:								Time:					
Falsification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, i										his form, the sampler	Chlorine Residual			Lab Results											
ackn	, , , , , , , , , , , , , , , , , , ,		llected according to th							i that al			accurate.		Cample ID & Date of	Delection Code					esuns			Serial # IR 14016764	
Use			cation identifie					Ċ	*		Date		Time		Sample ID & Date of Originating Sample	Circle "F" for Fre	Free.	(if applicable)	Test Method: SM 9223 B (Colilert)		Serial # IR 14016764	
Siting Plan					ution)		/ell	*	uction	ţ	λ	۳	Please circ	ment	(All Repeat, Replacement, &	"T" for Tota	al.	Please Resubmit	Chlorine √ Total Coliform			oliform	<u>E. Coli</u>		-
Raw Well - Use Source ID for Well Sampled (Example: G1234567A)				(Example:	Routine (Distribution)	Repeat	Raw Well	Special *	Construction	Month	Day	Year	AM or PI	8	Triggered Raw Samples)	(mg/L)			Absent	Present	Absent	Present	Absent	Presen	Laboratory Sample ID Number
G1234567A)					ЧU	R	R	S	0					am 🗠	Sampiesy		F								
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L			-								F -		pm		tou (migu-bi-1/	Т	Lah Poiosto d							ated within 30 hours 2. Overstites	
		ogial and	Construction	samples are	ΜΛΤΕ	IND (OM	στιλί	NCF			гО	ministructio		<u>eq.texas.gov/drinkingwo total-coliform-rule</u>	ici/microbiai/rev	1500-	insufficient fo							ated within 30 hours 2. Quantity