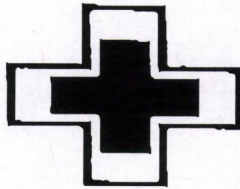


TCEQ MICROBIAL MONITORING POSITIVE RESULT REPORT FORM



RECEIVED

FEB 18 2020

TCEQ
CENTRAL FILE ROOM

Use one (1) form per microbial positive result. Make sure to print legibly and mark all pertinent check boxes.

IMMEDIATELY FAX ALL POSITIVE RESULTS TO: 1-800-252-0237Lab Name: BRAZORIA COUNTY WATER LABLab ID : 48005Faxed by: Mike GreenDate and Time faxed: 1-23-15 @ 9⁵⁵ amLab Phone : (979) 864-1628Lab Sample ID : 2015-00444Public Water System (PWS) ID : 0200006PWS Name : City of Lake JacksonCollected by: Blaine Moen / Dale CurleeCollection Date/Time : 1-22-15 / 8⁰⁰ amCollection Point : (6) G0200006L

Disinfectant Residual (mark the type) :

Chlorine (Free) ☐ Chloramine (Total) ☒ 0.0 mg/LSample Type: Routine ☐ *Repeat ☐ *Raw (source id: G0200006L) ☒
If the sample type is a Repeat or a Raw, include the lab sample id for the originating positive.

*Lab Sample ID (of the Originating Positive Sample): _____

Result: Total coliform ☒ Fecal indicator ☐ Test Method: SM9223**REQUIRED Information:**

Did your Lab call the PWS to notify them about the POSITIVE RESULT?

YES ☒ *NO ☐

*If NO, provide the PWS Contact Information from the Microbial Monitoring Form (i.e. PWS Contact NAME and PHONE NUMBER).

*PWS Contact Info: _____

For questions regarding POSITIVE samples, contact a member of the Total Coliform Rule Program at (512)239-4691 or you may contact Mary Castillo at (512)239-6673

PWS 0200006 AC 20150123 Microbial Analysis Report

POOR QUALITY ORIGINAL