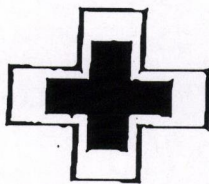


TCEQ MICROBIAL MONITORING POSITIVE RESULT REPORT FORM



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: 1-800-252-0237

Lab Name: Tarrant County Public Health North Texas Regional Lab

Lab ID: 48010

RECEIVED

FEB 10 2020

Faxed by: Terry 9:10 am

Date and Time faxed: 4-30-15

TCEQ
CENTRAL FILE PC

Lab Phone: 817-321-4778

Lab Sample ID: 15004545

Public Water System (PWS) ID: 1190005

PWS Name: Perrin Water System

Collected by: Dennis Taylor

Collection Date/Time: 4-28-15 4:46 pm

Collection Point: G 1190005C

Disinfectant Residual (mark the type):

Chlorine (Free) ☒ Chloramine (Total) ☐ 0.0 mg/LSample Type: Routine ☐ *Repeat ☐ *Raw (source id: G 1190005C) ☒
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(E.coli) ☐ Test Method: Colilert 18 P/A

REQUIRED Information:

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

YES ☒ *NO ☐

Remember to Give the Sample ID# to PWS for Repeat Submissions When Calling

*If NO, provide the PWS Contact Information from the Sample Submission/Report

PWS Phone#: 817-579-8100

Name of Individual Contacted:

☐ No Answer ☒ Left Message

Date: 4-30-15 Time: 9:06 am

For questions regarding POSITIVE samples, contact a member of the Total Coliform Rule Program at

512/239-4691

PWS_1190005_CO_20150430_RTCR

Effective Date: 4/7/2011