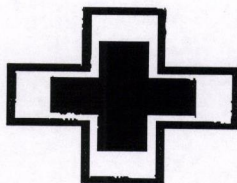


**TCEQ MICROBIAL MONITORING POSITIVE RESULT REPORT FORM**

TSM

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: BRAZORIA COUNTY WATER LABLab ID : 48005Faxed by: Gina StrebeckDate and Time faxed: 11-1-12 3:40pmLab Phone : (979) 864-1628Lab Sample ID : 2012-060605Public Water System (PWS) ID : 0200251PWS Name : Anchor Road Mobile Home ParkCollected by : Mike PerkyCollection Date/Time : 10-31-12 3:00pmCollection Point : Well

Disinfectant Residual (mark the type) :

Chlorine (Free) ☒Chloramine (Total) ☐0.0

mg/L

Sample Type: Routine ☐ \*Repeat ☐ \*Raw (source id: G0200251B) ☒

\*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 ☐**\*PWS Contact Info:**

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

For questions regarding POSITIVE samples, contact: Mike Howell (512-239-1108) or Ask for a member of the Total Coliform Rule Program at 512/239-4691

PWS 0200251 AC 20121101 Microbial Analysis Report