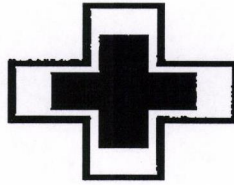


# TCEQ MICROBIAL MONITORING POSITIVE RESULT REPORT FORM



*Handwritten signatures*

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: NWDL

Lab ID: \_\_\_\_\_

Faxed by: Anne

Date and Time faxed: 8-27-13 1555

Lab Phone: 936-321-6060

Lab Sample ID: 2013081080

Public Water System (PWS) ID: 0360028

PWS Name: Bayridge

Collected by: Tony

Collection Date/Time: 8-26-13 1400

Collection Point: Well Head

RECEIVED  
FEB 24 2020  
TCEQ  
CENTRAL FILE ROOM

Disinfectant Residual (mark the type):

Chlorine (Free)  Chloramine (Total)

60360028A mg/L

Sample Type: Routine  \*Repeat  \*Raw (source id: G well)

\*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: \_\_\_\_\_

### 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

North Water District Laboratory Services, Inc.  
8725 Fair Trail • The Woodlands, Texas 77385 • (936)321-6061

131543

SAMPLE IDENTIFICATION

LAB ID TX 284 Rec By AA Sample Number 203081080 Date/Time Rec'd 8-27-13 15:53

PUBLIC WATER SYSTEM ID 0360078 Report Date 8-27-13

PWS NAME: Bayridge COUNTY: Chambers

Utility: GULF UTILITY SERVICE

Send Sample Results To: P.O. BOX 1629

City, State, Zip: SPRING, TX 77383

Phone: 281-355-1312 Fax:

Owner/PWS  Operator  Other

SAMPLE SITE / COLLECTION DATE and TIME

Date/Time Collected: 8-27-13 2:00 PM

Sample Site: well head sample 1503

Sampler Name/Phone: Tony Jones

SYSTEM TYPE	SAMPLE TYPE	WATER SOURCE
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Distribution <input checked="" type="checkbox"/> Raw: well #	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Private/Individual	<input type="checkbox"/> Construction <input type="checkbox"/> Special	<input type="checkbox"/> Lake
<input type="checkbox"/> Other	<input type="checkbox"/> Repeat for sample #	<input type="checkbox"/> River
	<input type="checkbox"/> Other:	<input type="checkbox"/> Standed

DISINFECTANT RESIDUAL (Mandatory) 1.0 mg/L (Sample should not be collected if no residual is present)

Number of samples collected on this date: 1

LABORATORY REPORT (Do Not Write Below)

COLIFORM ORGANISMS: Method Used: Presence / Absence

Total Coliform:  Found  NOT Found  
Fecal Coliform / Escherichia coli (serotype of organism found):  Found  NOT Found

REPEATS required for Public Water Systems (Distribution Systems Only)  
Sample number this sample repeats: \_\_\_\_\_

Unsuitable for analysis (see notes) Analyst Initials: AA

SAMPLE UNSUITABLE FOR ANALYSIS- This unsuitable sample must be resubmitted within 24 hours

- Sample too old. Not received within 24 hours of collection
- Heavy SRT / BACTERIA / TURBIDITY (only)
- Quantify requirement for analysis (100 mL required)
- Samples leaked in transit
- Form incomplete / date discrepancy (CPLC, etc.)
- Chain of custody
- Other reason: DESCRIBE

Submit to TCEQ-Public Drinking Water M/C 155, PO BOX 13087, Austin, TX 78711 Fax Positive to 512-239-3666

COPIES: LABORATORY, CUSTOMER



08-27-13 16:07 FROM:INWDLIS 936-321-6061 T-923 P006/006 F-521