TCEQ MICROBIAL MONITORING POSITIVE RESULT REPORT FORM

PWS 0640011 CO 2015/020 RTCR

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: Pollution Control Services

Lab ID : T1047043361-08-TX (TX 256)

Faxed by: Chuck Wolfe

Date and Time faxed: 10-20-15 @ 1315

Lab Phone : 210-340-0343

Lab Sample ID : PCS# 411434

Public Water System (PWS) ID : 0640011

PWS Name : City of Asherton

Collected by : John Camarillo

Collection Date/Time : 10/18/15 @ 1330

Collection Point : G-0640011C

Disinfectant Residual (mark the type) :

Chlorine (Free) ☐ Chloramine (Total) ☐ None - RAW mg/L

Sample Type: Routine ☐ *Repeat ☐ *Raw (source id: G0640011C) ☒

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):** None

Result: Total coliform ☒ Fecal indicator ☐ **Test Method:** SM 9223 B

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: Mike Howell (512-239-1108) or Ask for a member of the Total Coliform Rule Program at **512/239-4691**

POLLUTION CONTROL SERVICES

TCEQ NELAP Certificate # T104704361-08-TX

Chain of Custody Number 411432

DRINKING WATER (P/A) COLIFORM REQUEST & CHAIN OF CUSTODY FORM

Public/Private Water System Identification & Sample Collection Information

Public Water System ID:	0161470
P W S Name :	City of Asherton
Contact Name :	Odelia Tijerina
Address :	1001 Carter St
City, State Zip :	Asherton TX 78827
Phone Number:	(830) 468-3314 Fax: (830) 468-3671
Owner / Operator / Other:	
Sampler Name:	John Camarillo Contact# 830-854-0528
Alternate Contact Name:	Contact# 830-854-0484

System Type: ☑ Public ☐ Other:

Water Source: ☑ Groundwater ☐ Surface ☐ Groundwater w/ Surface Water Influence

LABORATORY USE ONLY – DO NOT WRITE BELOW

Client Notification Unsuitable or Failed Sample

Sampler/Person Contacted: John Camarillo

Date/Time Notified: 10-20-15 @ 1315

*Replacements / Re-test Samples within 24 hours: Yes or No

Comments:

Report Approved by: Chad Wally Date: OCT 20 2015

Sample Identification/Location (Use Specific Address/Location: NOT SITE # (Rawe Wells Use Source ID for Well Sample)	Collected Date	Collected Time	Sample Type: Dist	Sample Type: Con	Sample Type: Raw Well	Sample Type: Special	Repeat: Sample # for Previous Positive	Chlorine Res: mg/l (Free / Total)	Unsuitable Sample* Rejection Criteria #	Lab Results – Test Method SM 9223 B: Total Coliform Present	Total Coliform Absent	E. Coli Present	E. Coli Absent	PCS Sample # (Stamp/Set Sample and COC at same number)
① 239 Labor St.	10/15/15	1:00 am/pm	X					0.80			X			411432
② 173 6th St.	10/15/15	1:35 am/pm	X					0.75			X			411433
③ G0640011 C	10/15/15	1:50 am/pm			X			0.00		X			X	411434
④		am/pm												
⑤		am/pm												
⑥		am/pm												
⑦		am/pm												
⑧		am/pm												
⑨		am/pm												
⑩		am/pm												

Chain of Custody

Relinquished By:	Date: 10/19/15	Time: 9:00 am
Received By:	Date: 10/19/15	Time: 9:00 am
Relinquished By:	Date: 10/19/15	Time: 10:50 am
Received By:	Date: 10/19/15	Time: 10:50 am
Relinquished By:	Date:	Time:
Received By:	Date:	Time:

***Unsuitable Sample for Analysis – Rejection Criteria**

1) Sample too old. Not received within 30 hours of collection
2) Quantity insufficient for analysis (100 mL required)
3) Form incomplete / date discrepancy (Circle Errors)
4) Chlorine residual
5) Sample leaked in transit.
6) Other DESCRIBE

Web Site: www.pcslab.net
e-ma[redacted]
Toll Free 1-800-880-4616
1532 Universal City Blvd, Suite 100
Universal City, Tx 78148
210-348-0343
210-658-7903
Z:\COC\PWS_Multi.doc