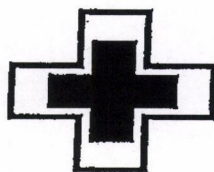


TCEQ MICROBIAL MONITORING POSITIVE RESULT REPORT FORM

TSM-Special
PWS

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: CITY OF ROUND ROCK ESLLab ID: 48159Faxed by: Michele RiskoDate and Time faxed: 9/28/12 @ 1015Lab Phone: 512-218-5561Lab Sample ID: 12-08506TCEQ
CENTRAL FILE ROOM
Public Water System (PWS) ID: 2460013PWS Name: City of Liberty HillCollected by: Rich ShalifoeCollection Date/Time: 9/27/12 @ 1507Collection Point: Well # 1

Disinfectant Residual (mark the type):

Chlorine (Free) ☒ Chloramine (Total) ☐ 0.0 mg/LSample Type: Routine ☐ *Repeat ☐ *Raw (source id: G not provided) ☒

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: COLLERT

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:

Rich Shalifoe512-844-8438

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 2460013 AC 20120928 Microbial Analysis Report

City of Round Rock Environmental Services Laboratory - Water Bacteriology Form

Round Rock, Texas - Phone: (512) 218-5561, Fax: (512) 341-3316 - www.roundrocktexas.gov/waterlab



TCEQ Lab #48159
NELAC Certificate #
T104704327

CUSTOMER INFORMATION:

CHAIN OF CUSTODY RECORD

Page 1 of 1

Public Water System ID # 2460013 (seven digits required)

Public Water System Name: CITY OF LIBERTY HILL

County: WILLIAMSON

Sampler Name/Phone: RICH SHALFOE 844-8438

How would you like your results reported? (Circle one)* Mail ☐ E-mail ☒ Fax ☐

Phone #: [REDACTED] Fax #/E-mail: [REDACTED]

Send Results to:

Client Name: SEVERN TRENT

Mailing Address:

City, State, Zip:

Construction Project # or Name:

PAYMENT Bill To Account #:

Payment Received By:

- KEY**
1. P = Potable drinking water NP = Non-Potable for ambient or wastewater effluent samples (if not marked - Potable will be assumed)
 2. Disinfection Residual Type: Indicate Free Chlorine or Total Chlorine/Chloramine
 3. Test Requested: 24 Hour Presence/Absence, 18 Hour Presence/Absence, E.coli Count (if not indicated, 24 hr test will be used)
 4. Results: Water of satisfactory bacteriological quality must be free of coliform organisms
 5. GWUI- groundwater under surface water influence.

| Lab Use Only | | Sample Information | | | | Circle One Item in each column - see key above | | | | | | | RESULTS (Key 4) -Lab Use Only | | | | | |
|--------------|-------------------|--------------------|---------------|--|-----------------------------------|--|---|--------|--|----------------------|----------------------------|---------------------------|-------------------------------|--------|-----------------|--|-------------------|------------------|
| Lab ID# | Field Sample ID # | Collection | | Sample Site <small>Use specific address/location, not site # Raw wells use source ID for well, example: G1234567A</small> | (Key 1) Potable or Non-Potable | System Type | Sample Type <small>If Repeat include ID# of original positive in Notes below</small> | | Disinfection Residual (mg/L) mandatory | (Key 2) Res. Type | (Key 3) Test Request | (Key 5) Water Source | Total Coliform Colonies | | E.coli Colonies | | Unable to analyze | Analyst Initials |
| | | Date (MM/DD/YY) | Military Time | | | | Present | Absent | | | | | Present | Absent | | | | |
| 12-08506 | | 09/27/12 | 15:07 | WELL #1 | P NP | Public Individual | Dist Repeat Construction Special Raw | | 0.0 | Free or Total | 24 PA 18 PA E.coli # | Ground Surface GWUI | X | | X | | | MR |
| | | | | | P NP | Public Individual | Dist Repeat Construction Special Raw | | | Free or Total | 24 PA 18 PA E.coli # | Ground Surface GWUI | | | | | | |
| | | | | | P NP | Public Individual | Dist Repeat Construction Special Raw | | | Free or Total | 24 PA 18 PA E.coli # | Ground Surface GWUI | | | | | | |
| | | | | | P NP | Public Individual | Dist Repeat Construction Special Raw | | | Free or Total | 24 PA 18 PA E.coli # | Ground Surface GWUI | | | | | | |
| | | | | | P NP | Public Individual | Dist Repeat Construction Special Raw | | | Free or Total | 24 PA 18 PA E.coli # | Ground Surface GWUI | | | | | | |

Relinquished By: (Signature) [Signature] DATE/TIME 9-27-12 15:46 Received By: (Signature) [Signature]

Relinquished By: (Signature) [Signature] DATE/TIME 9-27-12 15:46 Received By: (Signature) [Signature]

LAB RECEIPT INFORMATION:

Condition upon receipt: ☒ Iced ☐ Ambient

Receiving Temp: 1

IR Thermometer #:

(SM 9223 ONPG-MUG Colilert Test Method Used for detection of Total Coliform and E. coli)

All Samples In Acceptable Condition? ☒ Yes ☐ No (if no explain in Notes section)

Notes: Left VM for Rich @ 1009 9/28/12 relaying TC & EC @ for well #1, told him we'd fax since e-mail is not working. MR

White Copy - Lab Yellow Copy - Lab Pink Copy - Customer Receipt

* By indicating "fax" or "e-mail", the submitter agrees that CORR may report simplified results as reported on this COC form. Samples not meeting NELAC standards will be indicated in the "Notes" section. A complete report will be mailed at a later date, as necessary.

LT2 E.coli samples require additional paperwork. All results are reported to the TCEQ, as required, for public water systems.

0711

09/28/2012

10:16 ENVIRONMENTAL SERVICES LAB

(FAX)

P.002/002