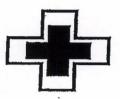
TCEQ MICROBIAL MONITORING POSITIVE RESULT REPORT FORM



Use one (1) form per microbial positive result. Make sure to print legibly and mark all pertinent check boxes.

IIVINEDIATELY FAX ALL POSITIV	VE RESULTS TO: 1-800-252-0237
Lab Name:	CITY OF ROUND ROCK ESL
Lab ID :	48159
Faxed by:	Michele Risko
	9/28/12 @ 1015
Lab Phone:	512-218-5561
Lab Sample ID :	
CENTRAL FILE Public Water System (PWS) ID:	2460013
PWS Name:	City of liberty Hill
Collected by :	Rich Shalifoe
Collection Date/Time:	9/27/12 @ 1507
Collection Point :	/ Well # /
Disinfectant Residual (mark the type):	
Chlorine (Free) 🗹 Chloramine (Total) 🛘 _	0.0 mg/L
Sample Type: Routine *Repeat *If the sample type is a Repeat or a Raw, include	*Raw (source id: <u>G not povided</u>) © the lab sample id for the originating positive.*
Lab Sample ID (of the O <mark>riginating Positive</mark>	
Result: Total coliform Fecal indicator	Test Method:COULERT
REQUIRED Information: old your Lab call the PWS to notify them about the POSITIVE RESULT?	PWS Contact Info: Rich Shalifoe
YES 🗹 *NO 🗆	Nautoc
*If NO, provide the PWS Contact Information from the Microbial Monitoring Form (i.e. PWS Contact NAME and PHONE NUMBER).	512-844-8438
	e Howell (512-239-1108) or Ask for a member of the

Fo Total Coliform Rule Program at 512/239-4691

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

Uniter Water System Name: Country Cou	CUCTOMED INCODUA	TION										- 1	- /		CCA	3			
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County: ID TAPISON Protein Several Received By:	Public Water System ID # 2 4 6 6 / 3 (seven digits required)				1)	Sampler Name/Phone: XICH 5 HALI FOE 844-8438 TCEQ Lab #48159													
County: ID TAPISON Protein Several Received By:	Public Water System Na	ıme:	<u> </u>	Ty o	F LIBERTY HILL		How would you like your results reported? (Circle one)* Mail F-mail Fax									VELAC	Certifica	ate#	
Client Names Mailing Address (Client Names Mailing Address Mailing Addre	County: W, ///AMSON						Phone #: Fax #/E-mail T104704327												
Malling Address: City, State, 2pt City, State, 2pt City of Name: City of	The state of the s						1. P = Potable drinking water NP = Non-Potable for ambient or wastewater effluent samples (if not marked - Potable will be assumed)												
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