TCEQ	MICROBIAL MONITORING FORM

Public/Private Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: (Must be 7 digits; include all zeros)

Public Water System Name:

County:

Send Results To:

Name:

Address:

City:

State: Zip: -

Phone #: Fax # :

Sampler Name:

Sampler Contact # : ☐ Owner ☐ Operator ☐ Other: _____

System Type : (√)

☐ Public ☐ Private ☐ Bottled/Vended

☐ Other_____

Water Source : (√)

☐ Groundwater ☐ Surface Water

☐ Groundwater with Surface Water Influence

Sample Identification/Location	Collected					Sample Type : (√)					
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled Ex: G1234567A	Date			Time		Distribution	Construction	Raw Well	Special	Repeat:	Include Lab ID of Originating Positive on all Repeat Samples
	Month	Day	Year	*Please circle AM or PM*							
					am / pm	☐	☐	☐	☐	☐	
					am / pm	☐	☐	☐	☐	☐	
					am / pm	☐	☐	☐	☐	☐	
					am / pm	☐	☐	☐	☐	☐	
					am / pm	☐	☐	☐	☐	☐	
					am / pm	☐	☐	☐	☐	☐	
					am / pm	☐	☐	☐	☐	☐	
					am / pm	☐	☐	☐	☐	☐	
					am / pm	☐	☐	☐	☐	☐	
					am / pm	☐	☐	☐	☐	☐	

ANRA Laboratory
210 Lufkin Ave
Lufkin, TX 75901

Phone: 936-633-7550
Fax: 936-632-7799

ANRA
Angelina & Neches River Authority

TCEQ Lab ID: TX48101

NELAC Certificate #:
T104704292

Test results meet all requirements of NELAC unless stated otherwise.

LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE

Sample Iced?			Received By:		Date / Time Received:	
	Yes	No				
If no, temperature at receipt?			Tested By:		Date / Time Tested:	
°C			Reported By:		Date / Time Reported:	

Report Approval Signature/Title:

Approving Technical Director:				Date of Approval
	☐	Brian Sims	Environmental Division Manager	
	☐	Jeanette Hancock	Quality Assurance Officer	

Chlorine Residual		Unsuitable Sample - Please Resubmit*	Lab Results				Laboratory Sample ID Number
			Note: All test results relate only to the samples as received.				
☐	Free mg/L		Test Method: ☐ 9223 ☐ 9221				
☐	Total mg/L	Rejection Criteria #	*Total Coliform*		*E. coli*		
			Present	Absent	Present	Absent	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
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			☐	☐	☐	☐	
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			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	

TCEQ Form: 10525 6/2009	*Unsuitable Sample Analysis-	1) Sample Too old. Analysis not initiated within 30 hours of collection	3) Excessive Chlorine Residual (>10 mg/L)	5) Form Incomplete / Date Discrepancy (Errors Circled)
	Rejection Criteria # Definitions	2) Quantity insufficient for analysis (100mL required)	4) Heavy Silt/Turbidity Present	6) Other: