TCEQ Microbial Reporting Form												TCEQ Form 10525 08/2017				ANRA Laboratory		AN	ВΛ				SUAP	ACCREDIAGE	
Water System Identification & Sample Collection Information (Ple											e type or us	e blo	ock į	print)	2901 N. John Redditt Dr.			AN	na					TNI	
															Lufkin, TX 75904			_		Manuar	<u> </u>	Contract Con	LAB	LARONATORY	
Public Water System ID: (Must be 7 digits; include all zeros)				TX											Phone: 936-632-7		7795	ANGELINA & NECHES RIVE			KIVER A	JTHORITY	TCEOL	TCEQ Laboratory	
															Fax: 93	36-632-2	564	Environmental Laboratory				ID: TX48101			
																Test results must meet all accreditation/certification requirements unless stated otherwise.									
Public Water System Name:															SHADED AREA FOR LABORATORY USE ONLY										
															Sample on ice? Relinquished By (Sampler Signature): Date: Time:								Time:		
															☐ Yes ☐ No Thermometer ID:										
Report Results To:	Name:														THERM-		Received By (Courier Signature):				١٠	Date:		Time:	
															Correction Factor:						,.	Date.	Date.		
	Address:														Correction	r actor.									
															Observed Temp:		Relinquished By (Courier Signature):				ture):	Date:		Time:	
	City:						St	ate:			Zip Co	de:				°C									
Ď	Emails						ı		•						Corrected Temp:										
Sep.	Email:													°C		Received By (ANRA Lab Signature):			ıre):	Date: Ti		Time:			
_	Phone #:	none #·		Other				er Co	Contact:					Receipt #:											
																1									
Sampler Name (Print):						Sai	mpler	Signa	ature	::				· · ·					_	ncubation Out Date: ncubation Out Time:					
																/ Approva		Date:				Time:			
One	rator License						r [70n/	orator	or Other:				Report to (Date:				Time:						
		sample	es is a c	rime pu		□Owner □Opera				eral law. (Texas Penal Code, Title 8, Chapter 3				•					1						
						ng to the systems established s				ample collection procedures, and				is accurate.		Lab Results									
Sample Identification / Location			Sample Type: Ch			heck O	neck One		Co		ollected		ļ	Sample ID & Date of	Chlorine	Daisas			thod: SM 9223B				Work Order #:		
Use Specific Address / Location identified in Sample Siting Plan									Date		Time		0	Originating	Residual Circle "F"	Cod		on Chlorine Check				coli			
Raw Wells – Use Source ID for Well Sampled (Example: G1234567A)			tion)	2	Raw Well	Special*	*uoi:						ent	Sample (All Repeat,	for Free	If				T					
							truct	ج			Please circle AM or PM	e	cerr	Replacement,	or "T" for	applica	IΔh	sent Pres	esent Absent Present		ent Absen	Present	Laboratory	Sample ID	
			Routine (Distribu	Repeat			Construction*	Month	Day	Year			Replacement	& Triggered	Total, mg/L.	plea	se						Num	bers	
		E _	-	Œ	S	0			>		AM	-	Raw Samples)	F	resub	mit.									
			-									PM AM			T F										
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			L									AM PM	L		F T										
												AM PM			F										
Form instructions: www.tceq.texas.gov/drinkingwater/revised-total-coliform-rule * Special and Construction samples are NOT FOR CO										OMPLIANCE.								Holding Time, E\							

Form ID: LAB-050 Revision: 3

Effective: 12/1/2021 Approved: MDG