

TCEQ Microbial Reporting Form (TCEQ-10525)															Pollution Control Services 1532 Universal City Blvd. Universal City, TX 78148 Phone: (210) 340-0343 Email: Chuck@pcslab.net					 TCEQ Laboratory ID: T104704361																																																			
Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule																																																																							
Water System Identification & Sample Collection Information (Please print or type the information)																																																																							
Public Water System ID: (Must be 7 digits; include all zeros)			TX		1630014										Laboratory Analysis <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Sample Iced?</th> <th colspan="4">Temperature (°C)</th> <th colspan="2">Lab Comments</th> </tr> <tr> <td>Yes</td> <td>☒</td> <td>No</td> <td>☐</td> <td>Actual Temp:</td> <td colspan="2">20.7</td> <td>Corrected Temp:</td> <td colspan="2">21.1</td> </tr> <tr> <th colspan="8">Incubation Date and Time</th> <th colspan="2">Lab Rejected Code (LR) - Document Reason:</th> </tr> <tr> <td colspan="4">Start Date and Time:</td> <td colspan="4">6/30/16 2:14:55</td> <td colspan="2">Analyst:</td> <td colspan="2">CJ8</td> </tr> <tr> <td colspan="4">End Date and Time:</td> <td colspan="4">7/1/16 2:08:55</td> <td colspan="2">Analyst:</td> <td colspan="2">CJ8</td> </tr> </table>					Sample Iced?		Temperature (°C)				Lab Comments		Yes	☒	No	☐	Actual Temp:	20.7		Corrected Temp:	21.1		Incubation Date and Time								Lab Rejected Code (LR) - Document Reason:		Start Date and Time:				6/30/16 2:14:55				Analyst:		CJ8		End Date and Time:				7/1/16 2:08:55				Analyst:		CJ8	
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Report Results To:	Name:		Hwy 90 Ranch WSC																																																																				
	Address:		P.O. Box 1419																																																																				
	City:	Castroville	State:	TX	Zip Code:	78009																																																																	
	Phone #:	210 559 7329		PWS Email:	dawngill2413@yahoo.com																																																																		
* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES																																																																							
Sample Identification/Location			Sample Type (✓ one)			Collected		Chlorine Residual		Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)	Laboratory Analysis Results																																																												
Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)			Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)		Free mg/L	Total mg/L	Replacement	Rejection Code (if applicable) - Please Recollect	Test Method: SM 9223 B		Analysis Results meet all accreditation requirements unless stated otherwise.																																																						
														Chlorine Check		Total Coliform		E. coli		Laboratory Sample ID Number																																																			
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Pollution Control Services

Sample Log-In Checklist

PCS Sample No(s) 849933 COC No. 849933

Client/Company Name: Hwy 90 Checklist Completed by: JAA

Sample Delivery to Lab Via:

Client Drop Off ☒ Commercial Carrier: Bus ☐ UPS ☐ Lone Star ☐ FedEx ☐ USPS ☐
PCS Field Services: Collection/Pick Up ☐ Other: ☐

Sample Kit/Coolers

Sample Kit/Cooler? Yes ☒ No ☐ Sample Kit/Cooler: Intact? Yes ☒ No ☐
Custody Seals on Sample Kit/Cooler: Not Present ☒ If Present, Intact ☐ Broken ☐
Sample Containers Intact; Unbroken and Not Leaking? Yes ☒ No ☐
Custody Seals on Sample Bottles: Not Present ☒ If Present, Intact ☐ Broken ☐
COC Present with Shipment or Delivery or Completed at Drop Off? Yes ☒ No ☐
Has COC sample date/time and other pertinent information been provided by client/sampler? Yes: ☒ No: ☐
Has COC been properly Signed when Received/Relinquished? Yes ☒ No ☐
Does COC agree with Sample Bottle Information, Bottle Types, Preservation, etc.? Yes ☒ No ☐
All Samples Received before Hold Time Expiration? Yes ☒ No ☐
Sufficient Sample Volumes for Analysis Requested? Yes ☒ No ☐
Zero Headspace in VOA Vial? Yes ☐ No ☐

Sample Preservation:

* Cooling: Not Required ☒ or Required ☐

If cooling required, record temperature of submitted samples Observed/Corrected 20.7, 21.1 °C

Is Ice Present in Sample Kit/Cooler? ☒ Yes ☐ No ☐ Samples received same day as collected? ☒ Yes ☐ No ☐

Lab Thermometer Make and Serial Number: ennoLogic HDHC000015629 Other: ☐

Acid Preserved Sample - If present, is pH <2? Yes ☐ No ☒ H₂SO₄ ☐ HNO₃ ☐ H₃PO₄ ☐

Base Preserved Sample - If present, is pH >12? Yes ☐ No ☐ NaOH ☐

Other Preservation: ☐ If Present, Meets Requirements? Yes ☐ No ☐

Sample Preservations Checked by: ☐ Date ☐ Time ☐

pH paper used to check sample preservation (PCS log #): ☐ (HEM pH checked at analysis).

Samples Preserved/Adjusted by Lab: Lab # ☐ Parameters Preserved ☐ Preservative Used ☐ Log # ☐

Adjusted by Tech/Analyst: ☐ Date: ☐ Time: ☐

Client Notification/ Documentation for "No" Responses Above/ Discrepancies/ Revision Comments

Person Notified: ☐ Contacted by: ☐

Notified Date: ☐ Time: ☐

Method of Contact: At Drop Off: ☐ Phone ☐ Left Voice Mail ☐ E-Mail ☐ Fax ☐

Unable to Contact ☐ Authorized Laboratory to Proceed: ☐ (Lab Director)

Regarding / Comments: ☐

Actions taken to correct problems/discrepancies: ☐

Receiving qualifier needed (*requires client notification above*) Temp. ☐ Holding Time ☐ Initials: ☐

Receiving qualifier entered into LIMS at login Initial/Date: ☐

Revision Comments: ☐