	Rev # 1   Effective Date 7/1/23														Upper Leon River Municipal Water District									AP ACCREDIA					
	Sample Collection Information (Please type or use block print)															2250 Hwy 2861 Comanche, TX 76442 p (254) 879-2258   f (254) 879-2020									724				
F	•	R	I V A T E S A M P L E www.ulrmwd.com   lab@ulrmwd.com										À AMOSTOR	LABORATORY															
				Private												Mon-Wed 8a - 4p Thurs 8a - 12p									Laboratory ID:				
5		nple														_	Test Results must meet all accreditation/certification requirements unless stated otherwise. T104704395-23-15												
	Ту	pe	☐ Bottled / Vended											ŀ	SHADED AREA FOR LABORATORY USE ONL' Received By (Lab):									Time:					
		lamai	<del></del>																┨	Sample le	ced?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Jule ,	
l.	ľ	Name:																	_[	☐ Yes	□ No	$^{\prime}$	Measured Temperature				ature		tion Date & Time
ts T	Add	dress:														ŀ	□ res	□ INC	4	°C Dat					Begin Date:	End Date:			
Report Results To:		City:	Relinquished By (Sampler): Date / Time:											┪	Thermometer ID			C	orrect	ed Te									
٦   ه		City.	Rec						ecaived By (Courier, if applicable):					Date / Time:			4				°C					Time:	Time:		
lodé		State:	Zip Code:							Red	Received By (Courier, if applicable):					Date / Tillie.				Lab Comments:									
8	Pho	one #·		<u> </u>						Rel	Relinquished By (Courier):					Date / Time:													
Phone #: Sampler Name (Print): Signature:													4	Tested By:															
Oump	Campio reanic (i mit).												Ī	Laboratory Approval: Tabbasia Disparatory Date: Time:															
				pler a	acknowledg	ges th	nat samp	oles were	e collec	ted acc	ording t	the Syste	m's establis	ned sam	ole coll	lection pr	ocedures, ar	nd that a		Technical Director									
information is accurate.  Sample Identification / Location   Sample Type: (✓ one)   Co												Collec	ted		护	Report to Client By: Date: Time:  Technical Director									Time:				
Use Specific Address / Location of Sample Collection												Dat			Time		mer	D: " O ! "				Lab Results NO				test results	relate only to the		
Site								Private Bottled		οpι	nth	ıy	ar	Please Circle	ircle		Rejection Code (if applicable) Please			od SM 9223B (Colilert)			samples received.						
e.g., 911 address								Private Bottled Vended			Day	Year	AM or F	AM or PM	Rep	Resubmit <sup>§</sup>	Chlori Absent	ne ✓ Present			Laboratory Sample ID Number								
															am pm														
														am pm	d														
														am pm															
														am pm			П												
														am	#														
														pm	4		Ш		Ш		Ш	Ш							
														am pm															
																		am pm											
															am pm														
																		am pm	4										
																		am pm	4										
																		am pm	1										
																		am pm	4										
Sample Unsuitable for Analysis BR=Broken in Transit EH=Exceed Hold Time FZ=Frozen Sample ST=Heavy Silt or Turbidity Present BP=Invalid Sampling Point LA=Lab Accident LT=Leaked in Transit  REJECTION CODES CL=Chlorine present (in sample) EV=Excessive Volume HB=Heavy Bacterial Growth IN=Insufficient Sample Information IP=Invalid Sampling Protocol LR=Lab Rejected VO=Volume Insufficient  This form has been revised from the original TCEQ form to meet project-specific/quality system requirements for Upper Leon River Municipal Water District																													