															Taylor County Public Health District Laboratory							ALCREO PE		
	Water System Identification & Sample Collection Information (Please type or use block print) Public Water System ID: TX 2 2 4 0 0 0 1																850 N. 6th St. Abilene, TX 79601							TNI
	(Must be 7 digits; include all zeros)													Phone: 325-437-4653 Fax: 325-437-2407									PORATOR	
Pu	Public Water System Name: CITY OF THROCKMORTON																				TCEQ Laboratory ID:			
····	C	County: THROCKMORTON											Test Results must meet all accreditation / certification requirements unless stated otherwise. SHADED AREA FOR LABORATORY USE ONL											
7		TIMOCKINIONION													Samp	le Ice	1? IR-T	IR-Thermometer Relinquished By (Sampler): Date / Time					Date / Time:	
	Name:	me: WILL CARROLL								,					Yes		No C					8/21/203 131 Date / Time:		
ults To:	Address:	P.O. BOX 640														rature						Date / Time:		
t Res	City:	ty: THROCKMORTON												00	23. / Factor (°C)									
Report Results	State:	TX	Zip Code:	T	7684	13	1	Fax	#:		9.	40-8	49-	3163	Correcte)	7 -	(- O`	O preceived by (Lab):			711		Date/Time: 8/21/21/33 31"
	Phone #:	940-		Ot	her Co	ntact:	+							Lab Comme	ab Comments:									
ample	er Name (Prin			Signature;													CAV	MANN					-	1203 Date 8 22 218
(Jinny Collins Junte										Laboratory Approval: / Time;								33 Time Distan					
perat	ator License #: Operator Other:											Report to Cli	Report to Client By: Report to Client By: Report to Client By:							Time: 10 (0)				
Isificati	ion of this form o	r tampering with w	2748 ater samples is a crime punish	able under	r state and	d/or feder	al law.	(Texas f	Penal C	ode Titl	o 8 Chapter 2			ng this form, the sampler	918901 812212083 11.09									423 11.04ah
knowie	ages that sample	es were collected a	ccording to the systems estab	lished san	iple collec	ction proc	edures,	and tha	t all info	ormation	is accurate.			2	Chlorine Re	sidua	Rejection				Results			
se Sp	Sample to a Date of									Circle "F" for	r Free,	Code (if applicable)												
	Raw W	Siting Plan Vells - Use Source ID for Well Sampled			eat	Raw Well Special 26	Construction	Month	Day	Year	Please ci		Replacement	Replacement, & Triggered Raw	"T" for Total. (mg/L)		Please Resubmit					E.	Coli	Laboratory Sample I
ottle		(Example: 0		Routine (Distribution)	Repeat	Raw		-			AM or F			Samples)		-		Absen	Present	Absent	Present	Absent	Present	Number
	116	North	Minter Ave			V	1	8	2)	202	11:45	am pm		-	1.60	T		V		V		Ø		1823-0837
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For	n instructions	s: www.tcea.te	xas.gov/drinkingwater/n	nicrobial	Vrovisoo	I-total o	Oliforn	n rulo	\dashv	* 00-	oiol and C	pm		NOTES		Т	1-1-0 : /							
			120mL w/Na ₂ S ₂ O		_) 10		rule	_	Spe	uai and Co	JIISTIUC	uon s	samples are NOT FC	IK COMPLIAI	VCE	E Lab Rejected Code (LR) - Document Reason: Billing Info (MUL# 3834) Report ID: Report							