COMUL-127 Microbial Reporting Form for Non-Potable Water Rev. 6 Eff 06/01/2022

Client Identification & Sample Collection Information (Please type or use block print)

Report Results To:

Name:	Main Contact
Address:	Information
City:	
State:	Zip Code:
Phone #:	Other Contact:

Client/System Type	Public		Private	☐	Other	☐

As applicable

Sampler Name (Print):	Signature:

☐ Owner ☐ Operator ☐ Other (Explain):

Falsification of this form or tampering with water samples is a crime punishable under state and/or federal law (Texas Penal Code, Title 8, Chapter 37.10) By signing this form, the sampler acknowledges that samples were collected according to the systems established sample collection procedures, and that all information is accurate.

MIDLAND Utilities

City of Midland Utilities Laboratory
305 Edgewood Dr. Midland TX. 79703
(432)681-7618

Test Results must meet all accreditation/certification requirements unless stated otherwise. *The City of Midland Utilities Laboratory is accredited for *E. coli* (by enumeration) ONLY, as the TCEQ does not currently offer accreditation for Total Coliforms in Non-Potable Water.

NELAP ACCREDITED TNI LABORATORY

SHADED AREA FOR LABORATORY USE ONLY

Sample Iced?		Relinquished By (Sampler):	Date / Time:
☐ Yes	☐ No	Received By (Courier, if applicable):	Date / Time:
Temperature Observed °C		Relinquished By (Courier):	Date/ Time:
		Received By (Courier):	Date/ Time:
Correction Factor		Relinquished By (Courier):	Date/ Time:
Corrected Temp °C		Received By (Lab):	Date / Time:

Thermometer ID or SN:	Media Lot No. and Expiration Date:
	Quanti-Tray Lot No. and Expiration Date:

Laboratory Comments

Initial Analyst:	Final Analyst:	Incubation Date & Time: Begin	End
		Date:	Date:
		Time:	Time:

Laboratory Approval: Date: Time:

Sample Identification/Location	Collected: Date Month	Day	Year	Time (Please circle AM or PM)
Use Specific Address / Location Identification				am / pm
One line per sample				am / pm
				am / pm
				am / pm
				am / pm
				am / pm
				am / pm
				am / pm
				am / pm
				am / pm
				am / pm

Lab Results

Chlorine Test Strip Lot #:

Bottle Lot #:

Test Method: Colilert-18: SM9223B

Rejection Code (if applicable) - Please Resubmit	Chlorine √ Absent	Chlorine √ Present	Total Coliform Large Wells	Total Coliform Small Wells	*E. coli* Large Wells	*E. coli* Small Wells	MPN *Total Coliform	MPN *E. coli*	Laboratory Sample ID Number
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Lab Rejected Code (LR) - Document Reason: