TCEQ Microbial Reporting Form

TCEQ Form 10525
08/2017

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Test Results must meet all accreditation / certification requirements unless stated otherwise.

TCEQ Laboratory ID: T104704316

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

Public Water System ID: (Must be 7 digits; include all zeros) TX

Public Water System Name:

County:

Report Results To:

Name:

Address:

City:

State: Zip Code:

Phone #: Other Contact:

Sampler Name (Print): Signature:

Operator License #: ☐ Owner ☐ Operator Other:

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.

SHADED AREA FOR LABORATORY USE ONLY

Sample Iced? ☐ Yes ☐ No

Temperature °C

Corrected Temp

Relinquished By (Sampler): Date / Time:

Received By (Courier, if applicable): Date / Time:

Relinquished By (Courier): Date/ Time:

Received By (Lab): Date / Time:

Lab Comments:

Tested By:

Incubation Date & Time: Begin Date: Time: End Date: Time:

Laboratory Approval: Date: Time:

Report to Client By: Date: Time:

Sample Identification/Location: Use Specific Address / Location identified in Sample Siting Plan; Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Sample Type: (√ one) Routine (Distribution)	Repeat	Raw Well	*Special* *	*Construction* *	Collected Date: Month	Day	Year	Time: *Please circle AM or PM*	Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual: Circle "F" for Free, "T" for Total. (mg/L)	Rejection Code (if applicable) - Please Resubmit	Lab Results, Test Method: SM 9223B: Chlorine √ Absent	Chlorine √ Present	Total Coliform Absent	Total Coliform Present	*E. Coli* Absent	*E. Coli* Present	Laboratory Sample ID Number
									am / pm			F / T		☐	☐	☐	☐	☐	☐	
									am / pm			F / T		☐	☐	☐	☐	☐	☐	
									am / pm			F / T		☐	☐	☐	☐	☐	☐	
									am / pm			F / T		☐	☐	☐	☐	☐	☐	
									am / pm			F / T		☐	☐	☐	☐	☐	☐	
									am / pm			F / T		☐	☐	☐	☐	☐	☐	
									am / pm			F / T		☐	☐	☐	☐	☐	☐	
									am / pm			F / T		☐	☐	☐	☐	☐	☐	
									am / pm			F / T		☐	☐	☐	☐	☐	☐	
									am / pm			F / T		☐	☐	☐	☐	☐	☐	

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule

** Special and Contruction samples are NOT FOR COMPLIANCE*

Lab Rejected Code (LR) - Document Reason: