

TCEQ Microbial Reporting Form (TCEQ-10525)

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

Water System Identification & Sample Collection Information (Please print or type the information)

Lab Logo/Image

TCEQ Laboratory ID:

Public Water System ID: <small>(Must be 7 digits; include all zeros)</small>	TX	
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Public Water System Name: _____

Report Results To:	Name:					
	Address:					
	City:		State:		Zip Code:	
	Phone #:		PWS Email:			

Laboratory Analysis

Sample Iced?	Temperature (°C)				Lab Comments
Yes		No		Actual Temp: _____	Corrected Temp: _____

Incubation Date and Time				Lab Rejected Code (LR) - Document Reason:
Start Date and Time:		Analyst:		
End Date and Time:		Analyst:		

Result Reporting and Approval

Laboratory Approval:		Date:		Time:	
Reported to PWS By:		Date:		Time:	

Laboratory Analysis Results

Rejection Code <small>(if applicable) - Please Recollect</small>	Test Method:					Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli	
	Absent	Present	Absent	Present	Absent	Present
Laboratory Sample ID Number						

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection <small>(Repeat, TSM Raw Well, Replacement)</small>
	Use sample site location/address identified in the system's RTRC 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		

I acknowledge that samples were handled appropriately and all information is accurate. 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)

Sampler Name (Print):		Sampler Signature:		Sampler Phone #:	
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Sampler Email:		Operator License # (if applicable):	
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Relinquished By Sampler:		Date and Time:		Received By Courier (if applicable):		Date and Time:	
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Relinquished By Courier:		Date and Time:		Received By Lab:		Date and Time:	
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