

TCEQ Microbial Reporting Form

TCEQ Form 10525

08/2017

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:

TCEQ Laboratory ID:

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

SHADED AREA FOR LABORATORY USE ONLY

Report Results To:

Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone #: _____ Other Contact: _____

Sample Iced?
 Yes No
 Relinquished By (Sampler): _____ Date / Time: _____
 Received By (Courier, if applicable): _____ Date / Time: _____
Temperature
 Relinquished By (Courier): _____ Date / Time: _____
 Corrected Temp _____ Received By (Lab): _____ Date / Time: _____
 Lab Comments: _____
Incubation Date & Time
 Begin _____ End _____
 Tested By: _____ Date: _____ Time: _____
 Laboratory Approval: _____ Date: _____ Time: _____
 Report to Client By: _____ Date: _____ Time: _____

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.

Sample Identification/Location	Sample Type : (√ one)						Collected			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						Laboratory Sample ID Number						
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time <i>Please circle AM or PM</i>					Test Method:		Chlorine √		Total Coliform			E. Coli					
						Month	Day	Year						Absent	Present	Absent	Present	Absent	Present							
Use Specific Address / Location identified in Sample Siting Plan																										
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)																										

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/reviced-total-colliform-rule

* Special and Conctruction samples are NOT FOR COMPLIANCE

Lab Rejected Code (LR) - Document Reason: