


TCEQ Microbial Reporting Form (TCEQ-10525)														<div></div> <div>TCEQ Laboratory ID:</div>													
Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule																											
Water System Identification & Sample Collection Information (Please print or type the information)																											
Public Water System ID: (Must be 7 digits; include all zeros)				TX								<div>Laboratory Analysis</div> <div><div>Sample Iced?</div><div>Temperature (°C)</div><div>Lab Comments</div></div> <div><div>Yes</div><div>No</div><div>Actual Temp:</div><div>Corrected Temp:</div></div> <div><div>Incubation Date and Time</div><div>Lab Rejected Code (LR) - Document Reason:</div></div> <div><div>Start Date and Time:</div><div>Analyst:</div><div>End Date and Time:</div><div>Analyst:</div></div> <div><div>Result Reporting and Approval</div><div><div>Laboratory Approval:</div><div>Date:</div><div>Time:</div><div>Reported to PWS By:</div><div>Date:</div><div>Time:</div></div><div><div>Laboratory Analysis Results</div><div><div>Rejection Code (if applicable) - Please Recollect</div><div>Test Method:</div><div>Chlorine Check</div><div>Total Coliform</div><div>E. coli</div><div>Analysis Results meet all accreditation requirements unless stated otherwise.</div><div>Laboratory Sample ID Number</div></div></div></div>															
Public Water System Name:																											
Report Results To:	Name:																										
	Address:																										
	City:		State:				Zip Code:																				
	Phone #:		PWS Email:																								
* 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 (Repeat, TSM Raw Well, Replacement)																
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	Total 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 #:																		
Sampler Email:													Operator License # (if applicable):														
Relinquished By Sampler:			Date and Time:				Received By Courier (if applicable):				Date and Time:																
Relinquished By Courier:			Date and Time:				Received By Lab:				Date and Time:																