TCEQ Microbial Reporting Form

TCEQ Form 10525
08/2017

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NELAP ACCREDITED TNI LABORATORY

TCEQ Laboratory ID: **T104704437-20-19**

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

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:

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:

Incubation Date & Time: Begin / End

Tested By: Date: / Time:

Laboratory Approval: Date: Time:

Report to Client By: Date: Time:

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	Rejection Code (if applicable) - Please Resubmit	Lab Results						Laboratory Sample ID Number
Use Specific Address / Location identified in Sample Siting Plan						Date			Time			Circle "F" for Free, "T" for Total. (mg/L)		Test Method:	SM 9223.B.2.c					
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Routine (Distribution)	Repeat	Raw Well	*Special* *	*Construction* *	Month	Day	Year	*Please circle AM or PM*					Chlorine √		Total Coliform		*E. Coli*		
														Absent	Present	Absent	Present	Absent	Present	
									am pm			F T		☐	☐	☐	☐	☐	☐	
									am pm			F T		☐	☐	☐	☐	☐	☐	
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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: