

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:
(Must be 7 digits; include all zeros)

TX

Public Water System Name:

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
(if applicable) -
Please Recollect

Test Method:

Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Absent

Present

Absent

Present

Absent

Present

Laboratory Sample ID Number

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

Replacement

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: