| TCEQ | MICROBIAL MONITORING FORM |
|---|---|

**Public/Private Water System Identification & Sample Collection Information (Please type or use block print)**

**Public Water System ID:** (Must be 7 digits; include all zeros)

**Public Water System Name:**

**County:**

**Send Results To:**

Name:

Address:

City:

State: Zip: -

Phone #: Fax # :

Sampler Name:

Sampler Contact # : ☐ Owner ☐ Operator ☐ Other: _____

**System Type : (√)**

☐ Public ☐ Private ☐ Bottled/Vended

☐ Other_____

**Water Source : (√)**

☐ Groundwater ☐ Surface Water

☐ Groundwater with Surface Water Influence

TCEQ Lab ID:

TCEQ Certificate #:

Test results meet all acreditation/certification requirements unless stated otherwise.

LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE

| Sample Iced? | | Received By: | | Date / Time Received: | |
|---|---|---|---|---|---|
| ☐ Yes | ☐ No | | | | |
| If no, temperature at receipt? | | Tested By: | | Date / Time Tested: | |
| °C | | Reported By: | | Date / Time Reported: | |

Report Approval Signature/Title:

Approving Technical Director: ☐ ☐ ☐ ☐ Date of Approval

| Sample Identification/Location | Collected | | | | | Sample Type : (√) | | | | | | Chlorine Residual | Unsuitable Sample - Please Resubmit* | Lab Results | | | | Laboratory Sample ID Number |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled Ex: G1234567A | Date | | | Time | | | | | | | | ☐ Free mg/L | | Note: All test results relate only to the samples as received. Test Method: | | | | |
| | Month | Day | Year | Please circle AM or PM | | Distribution | Construction | Raw Well | Special | Repeat: | Include Lab ID of Originating Positive on all Repeat Samples | ☐ Total mg/L | Rejection Criteria # | Total Coliform | | E. coli | | |
| | | | | | | | | | | | | | | Present | Absent | Present | Absent | |
| | | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ | ☐ | ☐ | ☐ | |
| | | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ | ☐ | ☐ | ☐ | |
| | | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ | ☐ | ☐ | ☐ | |
| | | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ | ☐ | ☐ | ☐ | |
| | | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ | ☐ | ☐ | ☐ | |
| | | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ | ☐ | ☐ | ☐ | |
| | | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ | ☐ | ☐ | ☐ | |
| | | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ | ☐ | ☐ | ☐ | |
| | | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ | ☐ | ☐ | ☐ | |
| | | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ | ☐ | ☐ | ☐ | |

| TCEQ Form: 10525 05/2012 | *Unsuitable Sample Analysis- Rejection Criteria # Definitions | 1) Sample Too old. Analysis not initiated within 30 hours of collection | 3) Excessive Chlorine Residual (>10 mg/L) | 5) Form Incomplete / Date Discrepancy (Errors Circled) |
|---|---|---|---|---|
| | | 2) Quantity insufficient for analysis (100mL required) | 4) Heavy Silt/Turbidity Present | 6) Other: |