# 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:

Report Results To:

Name:

Address:

City:

State: Zip Code:

Phone #: Other Contact:

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.*

TCEQ Laboratory ID:

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

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:

Tested By:

Incubation Date & Time: Begin Date: Time: End Date: Time:

Laboratory Approval: Date: Time:

Report to Client By: Date: Time:

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

*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: