

<b>TCEQ</b>		<b>MICROBIAL MONITORING FORM</b>																			
<b>Public/Private Water System Identification &amp; Sample Collection Information (Please type or use block print)</b>																					
<b>Public Water System ID:</b> <small>(Must be 7 digits; include all zeros)</small>														Certificate/Accreditation ID:							
<b>Public Water System Name:</b>														TCEQ Lab ID:							
<b>County:</b>														<b>LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE</b>							
<b>Send Results To:</b>	<b>Name:</b>											<b>Sample Iced?</b>		<b>Received By:</b>		<b>Date / Time Received:</b>					
	<b>Address:</b>											Yes <input type="checkbox"/> No <input type="checkbox"/>									
	<b>City:</b>											If no, temperature receipt? at		<b>Tested By:</b>		<b>Date / Time Tested:</b>					
	<b>State:</b>				<b>Zip:</b>									°C		<b>Reported By:</b>		<b>Date / Time Reported:</b>			
<b>Phone #:</b>				<b>Fax #:</b>				<b>Report Approval Signature/Title:</b>													
<b>Sampler Name:</b>												<b>Approving Technical Director:</b>		<b>Date of Approval</b>							
<b>Sampler Contact #:</b>					<input type="checkbox"/> Owner			<input type="checkbox"/> Operator			<input type="checkbox"/> Other: _____										
<b>System Type :</b> (✓)				<b>Water Source :</b> (✓)																	
<input type="checkbox"/> Public		<input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater			<input type="checkbox"/> Surface Water												
<input type="checkbox"/> Other _____				<input type="checkbox"/> Groundwater with Surface Water Influence																	
<b>Sample Identification/Location</b>		<b>Collected</b>			<b>Sample Type :</b> (✓)					<b>Chlorine Residual</b>		<b>Unsuitable Sample - Please Resubmit*</b>		<b>Lab Results</b>				<b>Laboratory Sample ID Number</b>			
Use Specific Address/Location		Date		Time		Include Sample ID and Date of Originating Positive on all Repeat and Triggered Samples					<input type="checkbox"/> Free mg/L		<input type="checkbox"/> Total mg/L		Rejection Criteria #		Test Method:		Note: All test results relate only to the samples as received.		
NOT SITE #		Month	Day	Year	Please circle AM or PM		Routine	Repeat	Raw Well	Special	Construction					Total Coliform			E. coli		
Raw Wells Use Source ID for Well Sampled Ex: G1234567A																Present Absent			Present Absent		
							am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TCEQ Form:</b> 10525 05/2012		<b>*Unsuitable Sample Analysis-</b>		1) Sample too old. Exceeded hold time.					3) Excessive chlorine present in sample.					5) Form Incomplete / Date Discrepancy (Errors Circled)							
		<b>Rejection Criteria # Definitions</b>		2) Insufficient volume					4) Heavy silt/turbidity present.					6) Other:							

