

## Instructions for Completing the TCEQ Microbial Reporting Form (TCEQ-10525/INST)

**PWS Fields – Left side of the form (left of middle border) must be filled out clearly by the PWS and/or sampler.**  
**PWS information can be viewed at Texas Drinking Water Watch. [www.tceq.texas.gov/goto/dww](http://www.tceq.texas.gov/goto/dww)**

|   |   |
|---|---|
| <b>Public Water System ID</b>                                   | The 7-digit public water system ID. Must match Texas Drinking Water Watch.                    |
| <b>Public Water System Name</b>                                 | The public water system name. Must match Texas Drinking Water Watch.                          |
| <b>Report Results To</b>  | The contact information for who the results should be reported to.                            |
| <b>Sample Identification/Location</b>                           | The location where the sample was collected. Must match the PWS's Sample Siting Plan.         |
| <b>Sample Type</b>  | Select only one sample type. Routine, Repeat, and Raw Well are compliance sample types.       |
| <b>Collected Date</b>   | The sample collection date in MM/DD/YYYY format.  |
| <b>Collected Time</b>   | The sample collection time in military time in HHMM format.                                   |
| <b>Chlorine Residual – Free/Total</b>                           | The field-tested chlorine residual value (mg/L) in the appropriate column, Free or Total.     |
| <b>Replacement</b>  | Select this box if the sample is a replacement sample following rejected sample.              |
| <b>Original Sample Info: Sample ID &amp; Date of Collection</b> | The original sample ID and collection date. Use only for repeat, TSM, or replacement samples. |
| <b>Sampler Name (Print)</b>                                     | The sampler's printed name.   |
| <b>Sampler Signature</b>  | The sampler's signed name.  |
| <b>Sampler Phone #</b>  | The best phone number to contact the sampler in case of positive or rejected samples.         |
| <b>Sampler Email</b>  | The best email to contact the sampler in case of positive or rejected samples.                |
| <b>Operator License # (if applicable)</b>                       | The sampler's water operator license number, if applicable.                                   |
| <b>Relinquished By Sampler &amp; Date/Time</b>                  | Complete at the lab when dropping off samples or when handing samples to a courier.           |
| <b>Received By Courier &amp; Date/Time (if applicable)</b>      | Completed by courier when samples are transferred from sampler to courier.                    |
| <b>Relinquished By Courier &amp; Date/Time (if applicable)</b>  | Completed by courier when samples are dropped off at the lab.                                 |

### Lab Fields – Right side of the form (right of middle border) must be filled out clearly by lab staff.

|   |   |
|---|---|
| <b>Lab Name and Contact Information</b>                       | The lab name and contact information.   |
| <b>Lab Logo/Image</b>   | The lab logo or image.  |
| <b>TCEQ Laboratory ID</b>                                     | The lab's 10-digit TCEQ Lab ID, truncated accreditation certificate number.                           |
| <b>Sample Iced?</b>   | Select Yes or No, according to sampler transport.   |
| <b>Temperature (°C) Actual/Corrected</b>                      | The sample temperature when received by laboratory, including thermometer correction factor.          |
| <b>Lab Comments</b>   | Any additional comments that are related to the samples on the MRF.                                   |
| <b>Incubation Start Date &amp; Time &amp; Analyst</b>         | The date, military time, and initials/name of analyst starting sample incubation.                     |
| <b>Incubation End Date &amp; Time &amp; Analyst</b>           | The date, military time, and initials/name of analyst ending sample incubation and reporting results. |
| <b>Lab Rejected Code (LR) – Document Reason</b>               | The reason for using rejection code LR.   |
| <b>Laboratory Approval &amp; Date/Time</b>                    | Name of lab personnel approving the sample results with the date and military time.                   |
| <b>Reported to PWS By &amp; Date/Time</b>                     | Name of lab personnel reporting the sample results to the PWS with the date and military time.        |
| <b>Test Method</b>  | The accredited method used to analyze the samples.  |
| <b>Rejection Code (if applicable)</b>                         | The two-letter rejection code when a sample has been rejected. See Table 1 in QAPP Addendum 4.        |
| <b>Results – Chlorine Check/Total Coliform/<i>E. coli</i></b> | The presence/absence of residual chlorine, total coliform, and <i>E. coli</i> for each sample.        |
| <b>Laboratory Sample ID Number</b>                            | The lab-assigned sample ID number. Must be a unique number for each sample.                           |
| <b>Received By Lab &amp; Date/Time</b>                        | Completed by lab when samples are accepted from sampler or courier.                                   |

For questions on the Microbial Reporting Form, contact the TCEQ Water Supply Division Revised Total Coliform Program at TCRDATA@tceq.texas.gov, the Groundwater Rule Program at GWRDATA@tceq.texas.gov, or at (512) 239-4691.