

TCEQ Microbial Reporting Form

TCEQ Form 10525

08/2017



TCEQ Laboratory ID:

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:

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

County:

SHADED AREA FOR LABORATORY USE ONLY

Report Results To:

Name:

Address:

City:

State:

Zip Code:

Phone #:

Other Contact:

Sample Iced?	Relinquished By (Sampler):	Date / Time:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Received By (Courier, if applicable):	Date / Time:
Temperature	Relinquished By (Courier):	Date / Time:
°C	Received By (Lab):	Date / Time:
Corrected Temp		
Lab Comments:	Incubation Date & Time	
	Begin	End
Tested By:	Date:	Date:
	Time:	Time:
Laboratory Approval:	Date:	Time:
Report to Client By:	Date:	Time:

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.

Sample Identification/Location	Sample Type : (√ one)					Collected			Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual	Rejection Code (if applicable) - Please Resubmit	Lab Results						Laboratory Sample ID Number			
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date							Time	Test Method:		Chlorine √		Total Coliform		E. Coli		
						Month	Day	Year						Absent	Present	Absent	Present	Absent		Present		
Use Specific Address / Location identified in Sample Siting Plan									Please circle AM or PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-colliform-rule

* Special and Construction samples are NOT FOR COMPLIANCE

Lab Rejected Code (LR) - Document Reason: