

# TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: [www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule](http://www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule)

Water System Identification & Sample Collection Information (Please print or type the information)

Lab Logo/Image

TCEQ Laboratory ID:

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

Public Water System Name:

Report Results To:

Name:

Address:

City:  State:  Zip Code:

Phone #:  PWS Email:

### Laboratory Analysis

Sample Iced?		Temperature (°C)				Lab Comments	
Yes	No	Actual Temp:		Corrected Temp:			
Incubation Date and Time						Lab Rejected Code (LR) - Document Reason:	
Start Date and Time:						Analyst:	
End Date and Time:						Analyst:	

### Result Reporting and Approval

Laboratory Approval:  Date:  Time:

Reported to PWS By:  Date:  Time:

### Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method:						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
<b>Laboratory Sample ID Number</b>							

**\* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES**

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Use sample site location/address identified in the system's RTRC Sample Siting Plan											
Raw Wells: Use Well Source ID (Ex: G1234567A)											

*I acknowledge that samples were handled appropriately and all information is accurate. 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)*

Sampler Name (Print):		Sampler Signature:		Sampler Phone #:	
Sampler Email:				Operator License # (if applicable):	
Relinquished By Sampler:		Date and Time:		Received By Courier (if applicable):	
Relinquished By Courier:		Date and Time:		Received By Lab:	