

TCEQ Microbial Reporting Form (TCEQ-10525)

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

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

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:

*** 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)											



Lab Logo/Image

TCEQ Laboratory ID:

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: Corrected Temp: Lab Comments

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: Chlorine Check Total Coliform E. coli Analysis Results meet all accreditation requirements unless stated otherwise.

Absent Present Absent Present Absent Present Laboratory Sample ID Number

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	Laboratory Sample ID Number

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 #: Operator License # (if applicable):

Relinquished By Sampler: Date and Time: Received By Courier (if applicable): Date and Time:

Relinquished By Courier: Date and Time: Received By Lab: Date and Time: