

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)											

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BRYAN

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TCEQ Laboratory ID:

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: SEE REPORT HEADER						Date:	REPORT HEADER	Time:	REPORT HEADER

Laboratory Analysis Results									
Rejection Code (if applicable) - Please Recollect	Test Method: SM9223 B 2004		18		24		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 #:	
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:	