TCEQ Microbial Reporting Form

TCEQ Form 10525
08/2017

Aqua-Tech Laboratories, Inc.

AUSTIN
3512 Montopolis Dr. Suite A
Austin, TX 78744
512.301.9559

BRYAN
635 Phil Gramm Blvd.
Bryan, TX 77807
979.778.3707

COC#

TCEQ Laboratory ID: **T104704371**

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

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:

County:

Report Results To:

Name:
Address:
City:
State:
Zip Code:
Phone #:
Other Contact:

Sampler Name (Print):
Signature:

Operator License #:
☐ Owner ☐ Operator Other:

SHADED AREA FOR LABORATORY USE ONLY

Sample Iced?		Relinquished by (Sampler) Print/Sign	Date / Time
Yes	No		
Cooler		Received by (Courier, if applicable) Print/Sign	Date / Time
Temperature °C			
read	Corrected	Relinquished by (Courier) Print/Sign	Date/ Time
Thermometer		Received by (Lab) Print/Sign	Date / Time

Comments

Laboratory Approval:	DATE	TIME

Report to Client By: See report header

Incubation	
Begin	**End**
DATE	Date
TIME	Time
INITIALS	Initials

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					Chlorine Residual	Rejection Code (if applicable) - Please Resubmit	Lab Results						Lab Sample ID Number Work Order	
							Date			Time				Test Method:		SM9223 B 2004 18		SM9223 B 2004 24			
Use Specific Address / Location identified in Sample Siting Plan														Chlorine √		Total Coliform		*E. Coli*			
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)		Routine (Distribution)	Repeat	Raw Well	*Special* *	*Construction* *	Month	Day	Year	*Please circle AM or PM*	Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Circle "F" for Free "T" for Total (mg/L)			Absent	Present	Absent	Present	Absent	Present	**Sample & Container**	**Analysis set-up order**
		☐	☐	☐	☐	☐				AM PM	☐		F T									
		☐	☐	☐	☐	☐				AM PM	☐		F T									
		☐	☐	☐	☐	☐				AM PM	☐		F T									
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Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule

** Special and Contruction samples are NOT FOR COMPLIANCE*

Lab Rejected Code (LR) - Document Reason: