

TCEQ Microbial Reporting Form

TCEQ Form 10525
08/2017

Aqua-Tech Laboratories, Inc.

AUSTIN

BRYAN



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COC#

TCEQ Laboratory ID:

TX 239

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:

Email:

Sampler Name (Print):

Signature:

Operator License #:

Owner Operator Other:

Sample Iced?

Yes No

Relinquished by (Sampler) Print/Sign

Date / Time

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

Incubation

Begin

End

DATE

DATE

Laboratory Approval:

DATE

TIME

TIME

TIME

Report to Client By:

See report header

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.

Chlorine Residual

Rejection Code (if applicable) - Please Resubmit

Lab Results

SM9223 B 2004

Lab Sample ID Number Work Order

Test Method: 18 24

Sample Identification/Location
Use Specific Address / Location identified in Sample Siting Plan

Sample Type : (√ one)

Collected

Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)

Circle "F" for Free "T" for Total (mg/L)

Chlorine √ Total Coliform E. Coli

Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)

Routine (Distribution) Repeat Raw Well Special * Construction

Date Time
Month Day Year Please circle AM or PM

Replacement

Absent Present Absent Present Absent Present

Sample & Container Analysis set-up order

Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Replacement	Date	Time	Chlorine	Total Coliform	E. Coli	Sample & Container	Analysis set-up order		
									Month	Day
				F			-01 A			
				T						
				F			-02 A			
				T						
				F			-03 A			
				T						
				F			-04 A			
				T						
				F			-05 A			
				T						
				F			-06 A			
				T						
				F			-07 A			
				T						
				F			-08 A			
				T						
				F			-09 A			
				T						
				F			-10 A			
				T						

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

* Special and Construction samples are NOT FOR COMPLIANCE

Lab Rejected Code (LR) - Document Reason: