

# 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)

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

TX

Lab Logo/Image

TCEQ Laboratory ID:

Public Water System Name:

### 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:

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

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)

Use sample site location/address identified in the system's RTRC Sample Siting Plan

Raw Wells: Use Well Source ID (Ex: G1234567A)

Routine (Distribution)

Repeat

Raw Well

Special \*

Construction \*

Date (MM/DD/YY)

Time Military Time (HHMM)

Free mg/L

Total mg/L

Replacement

*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):

Date and Time:

Relinquished By Courier:

Date and Time:

Received By Lab:

Date and Time:

## Instructions for Completing the TCEQ Microbial Reporting Form (TCEQ-10525/INST)

**PWS Fields – Left side of the form (left of middle border) must be filled out clearly by the PWS and/or sampler.**

PWS information can be viewed at Texas Drinking Water Watch. [www.tceq.texas.gov/goto/dww](http://www.tceq.texas.gov/goto/dww)

<b>Public Water System ID</b>	The 7-digit public water system ID. Must match Texas Drinking Water Watch.
<b>Public Water System Name</b>	The public water system name. Must match Texas Drinking Water Watch.
<b>Report Results To</b>	The contact information for who the results should be reported to.
<b>Sample Identification/Location</b>	The location where the sample was collected. Must match the PWS's Sample Siting Plan.
<b>Sample Type</b>	Select only one sample type. Routine, Repeat, and Raw Well are compliance sample types.
<b>Collected Date</b>	The sample collection date in MM/DD/YYYY format.
<b>Collected Time</b>	The sample collection time in military time in HHMM format.
<b>Chlorine Residual – Free/Total</b>	The field-tested chlorine residual value (mg/L) in the appropriate column, Free or Total.
<b>Replacement</b>	Select this box if the sample is a replacement sample following rejected sample.
<b>Original Sample Info: Sample ID &amp; Date of Collection</b>	The original sample ID and collection date. Use only for repeat, TSM, or replacement samples.
<b>Sampler Name (Print)</b>	The sampler's printed name.
<b>Sampler Signature</b>	The sampler's signed name.
<b>Sampler Phone #</b>	The best phone number to contact the sampler in case of positive or rejected samples.
<b>Sampler Email</b>	The best email to contact the sampler in case of positive or rejected samples.
<b>Operator License # (if applicable)</b>	The sampler's water operator license number, if applicable.
<b>Relinquished By Sampler &amp; Date/Time</b>	Complete at the lab when dropping off samples or when handing samples to a courier.
<b>Received By Courier &amp; Date/Time (if applicable)</b>	Completed by courier when samples are transferred from sampler to courier.
<b>Relinquished By Courier &amp; Date/Time (if applicable)</b>	Completed by courier when samples are dropped off at the lab.

### Lab Fields – Right side of the form (right of middle border) must be filled out clearly by lab staff.

<b>Lab Name and Contact Information</b>	The lab name and contact information.
<b>Lab Logo/Image</b>	The lab logo or image.
<b>TCEQ Laboratory ID</b>	The lab's 10-digit TCEQ Lab ID, truncated accreditation certificate number.
<b>Sample Iced?</b>	Select Yes or No, according to sampler transport.
<b>Temperature (°C) Actual/Corrected</b>	The sample temperature when received by laboratory, including thermometer correction factor.
<b>Lab Comments</b>	Any additional comments that are related to the samples on the MRF.
<b>Incubation Start Date &amp; Time &amp; Analyst</b>	The date, military time, and initials/name of analyst starting sample incubation.
<b>Incubation End Date &amp; Time &amp; Analyst</b>	The date, military time, and initials/name of analyst ending sample incubation and reporting results.
<b>Lab Rejected Code (LR) – Document Reason</b>	The reason for using rejection code LR.
<b>Laboratory Approval &amp; Date/Time</b>	Name of lab personnel approving the sample results with the date and military time.
<b>Reported to PWS By &amp; Date/Time</b>	Name of lab personnel reporting the sample results to the PWS with the date and military time.
<b>Test Method</b>	The accredited method used to analyze the samples.
<b>Rejection Code (if applicable)</b>	The two-letter rejection code when a sample has been rejected. See Table 1 in QAPP Addendum 4.
<b>Results – Chlorine Check/Total Coliform/<i>E. coli</i></b>	The presence/absence of residual chlorine, total coliform, and <i>E. coli</i> for each sample.
<b>Laboratory Sample ID Number</b>	The lab-assigned sample ID number. Must be a unique number for each sample.
<b>Received By Lab &amp; Date/Time</b>	Completed by lab when samples are accepted from sampler or courier.

For questions on the Microbial Reporting Form, contact the TCEQ Water Supply Division Revised Total Coliform Program at TCRDATA@tceq.texas.gov, the Groundwater Rule Program at GWRDATA@tceq.texas.gov, or at (512) 239-4691.