

TCEQ Microbial Reporting Form

TCEQ Form 10525

08/2017



1532 Universal City Blvd
Universal City, TX 78148

Office 210.340.0343

TCEQ Laboratory ID:

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?

Yes No

Relinquished By (Sampler):

Date / Time:

Received By (Courier, if applicable):

Date / Time:

Temperature

°C

Relinquished By (Courier):

Date / Time:

Corrected Temp

Received By (Lab):

Date / Time:

Lab Comments:

Incubation Date & Time

Begin

End

Tested By:

Date:

Date:

Time:

Time:

Laboratory Approval:

Date:

Time:

Report to Client By:

Date:

Time:

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				Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual Circle "F" for Free, "T" for Total. (mg/L)	Rejection Code (if applicable) - Please Resubmit	Lab Results						Laboratory Sample ID Number		
Use Specific Address / Location identified in Sample Siting Plan Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)		Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date							Time <i>Please circle AM or PM</i>	Test Method:	Chlorine √		Total Coliform			E. Coli	
							Month	Day	Year							Absent	Present	Absent	Present		Absent	Present
										am	<input type="checkbox"/>		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										pm	<input type="checkbox"/>		T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										am	<input type="checkbox"/>		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										pm	<input type="checkbox"/>		T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										am	<input type="checkbox"/>		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										pm	<input type="checkbox"/>		T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										am	<input type="checkbox"/>		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										pm	<input type="checkbox"/>		T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										am	<input type="checkbox"/>		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										pm	<input type="checkbox"/>		T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										am	<input type="checkbox"/>		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										pm	<input type="checkbox"/>		T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			