

TCEQ Microbial Reporting Form

TCEQ Form 10525
08/2017

TAT Requested: LCRA Environmental Laboratory Services (ELS)
Normal (7-working days)
Verbal results provided upon request
Work Order No.: _____
COC No.: _____



TCEQ Laboratory ID: 48118

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relinquished By (Sampler):	Date / Time:
Temperature		Received By (Courier, if applicable):
Therm: _____ °C	Relinquished By (Courier):	Date / Time:
Corrected Temp _____ °C	Received By (Lab):	Date / Time:
Lab Comments:		Incubation Date & Time
Tested By: Provided in final report		Date: Provided in final report
		Time: Provided in final report
Laboratory Approval: Provided in final report		

**ELS submits Lab Results to TCEQ via monthly electronic data deliverables (EDD). Final report related to this sample submission is provided to the client as arranged. NOTE: Relinquishing sample(s) to ELS obligates the submitter to all ELS Standard Terms and Conditions stated on the back of this form. Lab Results provided in final report.

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			Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual (mg/L) <small>Circle "F" for Free, "T" for Total.</small>	Rejection Code (if applicable) - Please Resubmit	Lab Results **						Laboratory Sample ID Number		
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time				Test Method: SM 9223B		Chlorine √		Total Coliform			E. Coli	
						Month	Day	Year					Absent	Present	Absent	Present	Absent	Present			
Use Specific Address / Location identified in Sample Siting Plan																					
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)																					
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Form instructions: www.tceq.texas.gov/drinkingwater/microbial/reviced-total-colliform-rule * Special and Construction samples are NOT FOR COMPLIANCE Lab Rejected Code (LR) - Document Reason: