	TCEQ Microbial Reporting Form (TCEQ-10525)																											
Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule																	Lab Logo/Image											
Water System Identification & Sample Collection Information (Please print or type the information)																					T(CFO Lab	oratory ID:					
Public Water System ID: (Must be 7 digits; include all zeros) TX																												
Public Water System Name:															ı	Laborator	y Analysis											
																	le Iced	?	Temperature (°C)						Lab Comments			
ے: اع	Name:															Yes	No		ctual emp:									
ort Results To	Address:																	Incubation Date and Time					Lab Rejected Code (LR) - Document Reason:					
	City:	ty:				State:				Zip Code:						Start Date	e and T	ime:	: Ar									
Rep	· ·										,						e and T	ïme:	A			Analyst:						
	Phone #:	:#:				PV	VS Er	mail:										Result Reporting and App					roval					
		* SAMPLES MARKI	ED AS SPECI	CON	STRU	JCTIO	ON CA	NNOT BE US	T BE USED AS ROUTINE OR REPEAT SAMPLES						Laboratory Approval:								Da	ate:		Time:		
	Sample	tion	Sample Type (ne)	Co	llected	Chlorine	Residual		Original Sample Info: Sample ID and Date of	ample	Reported	to PWS	S By:						Da	ate:		Time:		
ι			cation/address identified in the FCR Sample Siting Plan							Time					ple ID	I					Labo	boratory Analysis Result						
system's KTOK dample of			FIAII	(Distribution)		Raw Well		Construction *	Date (MM/DD/YY)	Military Time (HHMM)	Free mg/L	Total mg/L	Replacement	Collection (Repeat, TSM Rav Well, Replacement	ion	Rejection Code (if applicable) -				Tatal) - lif	_	!!	Analy	lysis Results meet		ccreditation	
Raw Wells: Use Well Source ID (Ex:			G1234567A)	Routine (Repeat		Special *									DI	se	Chlorine Check Absent Present			Present	Absent	Present		Laboratory Sample ID Number			
				8	Re	Ra	S	ပိ					Re			1100011	001	Absent	riesei	Auseni	rieseiit	Auseni	FIESEIIL		Laboratory	Salli	JIE ID NU	imber
																				+								
		I acknowledge ti	hat camples u	voro h	ndlo	d ann	ronri	iatoly	and all inform	nation is accurat	o Esleifier	tion of the	ic for	m or tampari	ing with s	vator cam	anlos is	a orimo	nunishah	lo undor et	ato and/or	fodoral la	u (Toyas B	Ponal Co.	udo Titlo 8 Chan	tor 2	7 10)	
			iat samples v	vere me	anuic	и арр	лорп	latery				ition or tin	1011	iii oi tampem	ng with i	vater Sam	ipies is	a Crime				rederar ia	W. (TEXAST	enar co	ue, mie o, onap	161 31	.10)	
Sampler Name (Print):									ampler Signature:										Sampler Phone #: Operator License #									
S	ampler Email:																			Operator License # (if applicable):								
Relinquished By Sampler:										Date and Time	:					eived By (if applica								Dat	te and Time:			
Relinquished By Courier:										Date and Time	:	Rece				ved By La	d By Lab:							Dat	te and Time:			