TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: 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**	
Public Water System Name:		

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**			
Use sample site location/address identified in the system's RTCR 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**	**Original Sample Info: Sample ID and Date of Collection** (Repeat, TSM Raw Well, Replacement)
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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:**	

AQUA Water Supply Corporation

Aqua Water Supply Corporation Laboratory
293 Industrial Blvd.
Bastrop, TX 78602
(512) 581-0705

NELAP ACCREDITED TNI LABORATORY

TCEQ Laboratory ID: T104704309

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:** SM 9223 B						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		**Total Coliform**		***E. coli***		
	Absent	Present	Absent	Present	Absent	Present	**Laboratory Sample ID Number**
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