TCEQ Microbial Reporting Form

TCEQ Form 10525
08/2017

ANRA Laboratory
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ANRA
Angelina & Neches River Authority
Environmental Laboratory

TCEQ Laboratory ID: TX48101

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:

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.

Test results must meet all accreditation/certification requirements unless stated otherwise.

SHADED AREA FOR LABORATORY USE ONLY

Transported on Ice ☐ Yes ☐ No	Relinquished By (Sampler):	Date / Time:
Thermometer ID: THERM-	Received By (Courier, if applicable):	Date / Time:
Correction Factor:		
Observed Temp: °C	Relinquished By (Courier):	Date / Time:
Corrected Temp: °C	Received By (ANRA Lab):	Date / Time:
Lab Comments:		

Tested By:	Incubation In Date:	Incubation Out Date:
	Incubation In Time:	Incubation Out Time:
Laboratory Approval:	Date:	Time:
Report to Client By:	Date:	Time:

Sample Identification / Location	Sample Type: Check One					Collected							Chlorine Residual		Rejection Code (if applicable) – Please Resubmit	Lab Results Test Method: SM 9223B						Work Order #:
Use Specific Address / Location identified in Sample Siting Plan						Date			Time							Chlorine Check		Total Coliform		*E. coli*		
Raw Wells – Use Source ID for Well Sampled (Example: G1234567A)	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Month	Day	Year	Please circle AM or PM		Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Circle "F" for Free or "T" for Total, mg/L			Absent	Present	Absent	Present	Absent	Present	Laboratory Sample ID Numbers
										AM PM				F T								
										AM PM				F T								
										AM PM				F T								
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Form instructions: www.tceq.texas.gov/drinkingwater/revised-total-coliform-rule

* Special and Construction samples are NOT FOR COMPLIANCE.

Lab Rejected Code (LR) – Document Reason: HB – Heavy Bacterial Growth, IN – Insufficient Sample Information, EH – Exceeded Hold Time, VO – Volume Insufficient, CL – Chlorine Present, Other:

Form ID: LAB-050 (Renamed, revised, and replaces form CHEM-303 Rev01)
Revision #: 2
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Approved: MDG