

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 (check one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time 24-hr format (HHMM)	Free mg/L	Total mg/L		
Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)											

ANRA Laboratory
2901 N. John Redditt Dr
Lufkin, TX 75904
Phone: 936-632-7795



SHADED AREA FOR LABORATORY USE ONLY									
Sample Iced?		Temperature (°C)				Therm ID:	Correction Factor:	Receipt #	
Yes	No	Observed Temp:	Corrected Temp:			THERM-			
Incubation Date and Time						Lab Rejected Code (LR) - Document Reason:			
Start Date/Time:			Analyst:						
End Date/Time:			Analyst:						
Result Reporting and Approval									
Laboratory Approval:						Date:	Time:		
Reported to PWS By:						Date:	Time:		

Test Method:	Laboratory Analysis Results						Work Order #
	Chlorine Check		Total Coliform		E. coli		
Rejection Code (if applicable) Please recollect	Absent	Present	Absent	Present	Absent	Present	Laboratory Sample ID Number

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):
Relinquished By Courier:	Date and Time:	Received By Lab:
	Date and Time:	Date and Time: