

TCEQ Microbial Reporting Form (TCEQ-10525)										NORTH TEXAS MUNICIPAL WATER DISTRICT LABORATORY 201 East Brown Street, Wylie, TX 75098 Phone: (972)442-5405				 TCEQ ACCREDITED LABORATORY			
Form Instructions: <a href="http://www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule">www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule</a>										Sample Acceptance Hours Monday-Wednesday: 8:00am-4:00pm; Thursday: 8:00am-2:00pm Friday: No samples accepted; Holiday hours: indicated on laboratory signage							
Water System Identification & Sample Collection Information (Please print or type the information)										TCEQ Laboratory ID: T104704281							
Public Water System ID: (Must be 7 digits; include all zeros)		TX			Construction Job ID: (Leave blank if not construction)				LABORATORY ANALYSIS								
Public Water System Name:										Sample Iced?		Temperature (°C)		Lab Comments			
Report Results to:	Name:									Yes	No	Observed:	Corrected:	IR Gun ID:			
	Address:									Incubation Date and Time				Lab Rejected Code (LR) - Document Reason			
	City:			State:			Zip Code:			Start Date and Time:			Analyst:				
	Phone #:			PWS Email:					End Date and Time:			Analyst:					
* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES										Result Reporting and Approval							
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)		Laboratory Approval:		Date:	Time:			
Use sample site location/address identified in the system's RTCR Sample Siting Plan		Routine (Distribution)	Repeat	Raw Well	Special*	Date (MM/DD/YY)	Time Military Time (HHMM)		Free mg/L	Total mg/L	Sample ID	Date of Collection	Reported to PWS By:	Date:	Time:		
Raw Wells: Use Well Source ID (Ex. G1234567A)													Laboratory Analysis Results				
Site #	Sample ID/Location	Raw Well	Special*	Construction*	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L	Sample ID	Date of Collection	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		Laboratory Sample ID Number			
										Absent	Present	Absent	Present	Absent	Present		
<i>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)</i>																	
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:			
MEDIA	Standard LIMS ID:		Standard LIMS ID:		Chlorine Strip LIMS ID:		LIMS Batch ID:		Rejection Codes		Broken (BR), Excessive Volume (EV), Frozen (FZ), No Chlorine on Form (NC), Insufficient Volume (VO), Exceeded Hold Time (EH), Silt or Turbidity (ST), Heavy Bacterial Growth (HB), Chlorine Present (CL), Lab Accident (LA), Lab Rejected (LR), Leaked (LT), Other (OT)						
TCEQ-10525 (Rev. 11/2023) Lab Modified (06/2024) TCEQ Water Supply Division - (512)-239-4961 Page 1 of 1																	