

TCEQ Microbial Reporting Form (TCEQ-10525)														NORTH TEXAS MUNICIPAL WATER DISTRICT LABORATORY 201 East Brown Street, Wylie, TX 75098    Phone: (972)442-5405									
Form Instructions: <a href="http://www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule">www.tceq.texas.gov/drinkingwater/microbial/revise-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				TCEQ Laboratory ID: T104704281					
Water System Identification & Sample Collection Information (Please print or type the information)																							
Public Water System ID: <small>(Must be 7 digits; include all zeros)</small>			TX		Construction Job ID: <small>(Leave blank if not construction)</small>																		
Public Water System Name:														LABORATORY ANALYSIS									
Report Results to:	Name:													Sample Iced?		Temperature (°C)				Lab Comments			
	Address:													Yes	No	Observed:	Corrected:	IR Gun ID:					
	City:					State:				Zip Code:				Incubation Date and Time				Lab Rejected Code (LR) - Document Reason					
	Phone #:					PWS Email:								Start Date and Time:		Analyst:							
														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														Laboratory Approval:						Date:		Time:	
Sample Type (check one)														Reported to PWS By:						Date:		Time:	
Collected														Laboratory Analysis Results									
Chlorine Residual														Rejection Code (if applicable) - Please Recollect		Test Method:		SM 9223 B				Analysis Results meet all accreditation requirements unless stated otherwise.	
Free mg/L																Chlorine Check		Total Coliform		E. coli			
Total mg/L														Absent		Present		Absent		Present		Laboratory Sample ID Number	
Replacement																							
Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)																							
Date of Collection																							
Date (MM/DD/YY)																							
Time (HHMM)																							
Site #																							
Sample ID/Location																							
Routine (Distribution)																							
Repeat																							
Raw Well																							
Special*																							
Construction*																							
Date																							
Time																							
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