## TCEQ Microbial Reporting Form

### Water System Identification & Sample Collection Information (Please type or use block print)

- **Public Water System ID:** TX (Must be 7 digits, include all zeros)

### Public Water System Name:

- County:

### JOB NAME: (Required for CONSTRUCTION)

### LAB USE ONLY

- **Sample Iced?**
  - [ ] Yes
  - [ ] No

### Reported Results To:

- **Name:**
- **Address:**
- **City:**
- **State:** TX
- **Zip Code:**

### Phone #: Fax #:

### Email:

### Other Contact:

### Operator Name (Please Print Legibly):

### Operator License #: (Owner) (Operator) Other:

### Operator Approval:

### Sample Identification/Location

- **Sample Type:** (√ one)
  - Routine
  - Distribution
  - Repeat
  - Raw Well
  - Special
  - Construction

### Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)

### Date:

- **Month**
- **Year**

### Collected

- **Date:**
- **Time:**

### Sample Identification/Location

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### Chlorine Residual (mg/L)

### Required for all Compliance Samples

### Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule

### Rejection: Other -