

Bill To: **TCEQ/GBRA** **MICROBIAL MONITORING FORM-GBRA #3019-D Rev. 11 Eff. 10-13-2010**

Public/Private Water System Identification & Sample Collection Information (Please type or use block print)

**Public Water System ID:** \_\_\_\_\_  
(Must be 7 digits; include all zeros)

**Public Water System Name:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Send Results To:**  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ - \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Sampler Name:** \_\_\_\_\_

**Sampler Contact #:** \_\_\_\_\_  Owner  Operator  Other: \_\_\_\_\_



Guadalupe Blanco River Authority  
 Regional Laboratory  
 933 E. Court St.  
 Seguin, TX 78155  
 (830) 379-5822  
 (830) 379-7478 fax

TCEQ Lab ID: 48136



**LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE**

**Sample Iced?** Yes  No  **Received By:** \_\_\_\_\_ **Date / Time Received:** \_\_\_\_\_

If no, temperature at receipt? \_\_\_\_\_ **Tested By:** \_\_\_\_\_ **Date / Time Tested:** \_\_\_\_\_

°C **Reported By:** \_\_\_\_\_ **Date / Time Reported:** \_\_\_\_\_

**Report Approval Signature/Title:** \_\_\_\_\_

**Approving Technical Director:**  \_\_\_\_\_ **Date of Approval:** \_\_\_\_\_

**System Type:** (v)  Public  Private  Bottled/Vended  Other \_\_\_\_\_

**Water Source:** (v)  Groundwater  Surface Water  Groundwater with Surface Water Influence

**Chlorine Residual**  Free mg/L  Total mg/L

**Unsuitable Sample - Please Resubmit\*** \_\_\_\_\_

**Rejection Criteria #** \_\_\_\_\_

**Lab Results**  
 Note: All test results relate only to the samples as received.  
**Test Method: Colilert-18**

**Total Coliform** **E. coli**

Present Absent Present Absent

Temp Gun GBRA # \_\_\_\_\_

Temp degree C \_\_\_\_\_

Sample Identification/Location	Collected			Sample Type: (v)					Include Lab ID of Originating Positive on all Repeat Samples
	Date	Time		Distribution	Construction	Raw Well	Special	Repeat	
Use Specific Address/Location	Month	Day	Year						
<b>NOT SITE #</b>									
Raw Wells Use Source ID for Well Sampled Ex: G1234567A									
				am					
				pm					
				am					
				pm					
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**Laboratory Sample ID Number**

TCEQ Form: 10525 6/2009

**\*Unsuitable Sample Analysis - Rejection Criteria # Definitions**

1) Sample Too old. Analysis not initiated within 30 hours of collection

2) Quantity insufficient for analysis (100mL required)

3) Excessive Chlorine Residual (>10 mg/L)

4) Heavy Silt/Turbidity Present

5) Form Incomplete / Date Discrepancy (Errors Circled)

6) Other: \_\_\_\_\_

Sample Delivered: \_\_\_\_\_ date: \_\_\_\_\_

Sample Delivered: \_\_\_\_\_ date: \_\_\_\_\_

Sample Received: \_\_\_\_\_ date: \_\_\_\_\_

Sample Received: \_\_\_\_\_ date: \_\_\_\_\_