

TCEQ Microbial Reporting Form

TCEQ Form 10525 08/2017

GBRA DOC#3019-D Rev.16 Eff. 2/27/19 KG

Guadalupe Blanco River Authority Laboratory
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TCEQ Laboratory ID:

48136

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

Public Water System ID: TX

Public Water System Name:

County:

Report Results To:
 Name:
 Address:
 City:
 State: Zip Code:
 Phone #: Other Contact:

Sampler Name (Print): Signature:

Operator License #: Owner Operator Other:

SHADED AREA FOR LABORATORY USE ONLY

Sample Iced?		Relinquished By (Sampler):	Date / Time:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Received By (Courier, if applicable):	Date / Time:
Temperature (°C)		Relinquished By (Courier):	Date / Time:
Observed/Corrected Temp:		Received By (Lab):	Date / Time:
Thermometer ID:		Analysis Date & Time	
Chlorine Strip ID:		Begin	End
Lab Comments:		Tested By:	Read By:
		Date:	Date:
		Time:	Time:
Laboratory Validation:		Date:	Time:
Laboratory Approval:		Date:	Time:
Report to Client By:		Date:	Time:

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) By signing this form, the sampler acknowledges that samples were collected according to the systems established sample collection procedures, and that all information is accurate.

Sample Identification/Location	Sample Type : (✓ one)					Collected				Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual Circle "F" for Free, "T" for Total. (mg/L)	Rejection Code (if applicable) - Please Resubmit	Lab Results						Laboratory Sample ID Number	
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time <i>Please circle AM or PM</i>					Test Method:		IDEXX Colilert-18					
						Month	Day	Year						Chlorine ✓	Total coliform	E. coli					
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)																					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						am	<input type="checkbox"/>	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Lab Rejected Code (LR) - Document Reason:
 BP=Invalid sampling point, BR=Broken, CL=Chlorine present, EH=Exceeds holding time, EV=Excessive volume, FZ=Frozen sample, HB=Heavy bacterial growth, IN=Insufficient information, IP=Invalid sampling protocol, LA=Lab accident, LR=Lab rejected, LT=Leaked in transit, NC=No chlorine residual, ST=Heavy silt or Turbidity present, VO=Insufficient volume

* Special and Construction samples are NOT FOR COMPLIANCE