	TCEQ Microbial Reporting Form (TCEQ-10525)												NO ACCRECO									EXAST	Lable	ogo/lmage					
_	Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule  Water System Identification & Sample Collection Information (Please print or type the information)														N. C.		5				A STATE OF THE STA		<b>)</b> .	Lab L	ogo/iiiiage				
Public Water System ID: (Must be 7 digits; include all zeros)					imormation (F	tation (1 10000 print or type the information)							BORATORI								RATION -	TCEQ Laboratory ID:							
Public Water System Name:											Laboratory Analysis																		
Public Water System Name.													Sample Iced?				Ten	nperature	(°C)		Lab Comments								
	Name:																Yes No Actual				Corrected								
0 0	Address:														Temp:				Temp:				Lab Rejected Code (LR) - Document Reason:						
ואפארו																Start Date a	and Tin	ne.	Incubation Date and Time  Analyst:					Lab rejected code (Ery - Bocument reason.					
	City:		State:							Zip Cod	Code:			-	End Date and Time:			Analyst:											
	Phone #:						PWS Email:																g and Appr	oval				I	
* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE US							NNOT BE USEI	JSED AS ROUTINE OR REPEAT SAMPLES					L	_aboratory /	Approv	al:	, 0 1					Date: Time:							
Sample Identification/Location Sample Type (√ one)						Coll	Collected Chlorine Residual						Reported to	d to PWS By:							Date:		Time:		1				
Use sample site location/address identified in the											Original Sample Info: Sample ID					Laboratory Analysis R				alysis Resu	ılts								
Use sample site location/address identified in the system's RTCR Sample Siting Plan  Raw Wells: Use Well Source ID (Ex: G1234567A)    Copyright   Copy					Time Military Time	Free	Total	i i	and Date of Collection	on	Rejection Code		Test Me	lethod:					Analysi	Analysis Results meet all accreditation requirements									
F	Raw Wells: Use Well Source ID (Ex: G1234567A)				at	Raw Well Special * Construction		tructio	(MM/DD/YY)	(HHMM)	mg/L	mg/L	Replacement	(Repeat, TSM Well, Replacem				Chlorine Check		Total Coliform		rm E. coli			unless sta	ess stated otherwise.			
Train visils. Use vieil soulde ID (LA. G1204301A)					Rout	Repeat	Raw	Spec	Cons					Repla	Well, Replace	Cilicity	Recollect Abser			Present	Absent	Present	Absent	Present	Laboratory Sample ID Nu			lumber	
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		l acknowle	dge tha	t samnles	were h	andle	d ann	ropria	itelv	and all informa	ation is accurate	e. Falsificat	tion of thi	s for	m or tamperin	na with w	ater samn	les is a	a crime	punishable	under sta	te and/or i	ederal lau	ı. (Texas Pa	enal Code	. Title 8. Chanti	er 37,10)		J
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)  Tampler Name (Print):  Sampler Phone #:													1																
uf	pier Name (Pri	nt).	Camper Ognature.															Operator License #									J		
Sampler Email:														Operator I				· #											
Relinquished By Sampler:														eived By if applicabl	ie):						Date	and Time:							
Relinquished By Courier:											Date and Time:	Pate and Time:				Receiv	ed By Lab:									and Time:			