

TCEQ Microbial Reporting Form

TCEQ Form 10525

08/2017

Victoria County Public Health Department
 2805 N Navarro St
 Victoria, TX. 77901
 Phone: 361-578-6281 Fax: 361-579-6348



NELAP CERTIFICATE # T 104704389 - 22-14

TCEQ Laboratory ID:48027

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

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

TX

Public Water System Name:

County:

Test Results must meet all accreditation / certification requirements unless stated otherwise.

SHADED AREA FOR LABORATORY USE ONLY

Report Results To:

Name:

Address:

City:

State:

Zip Code:

Phone #:

Other Contact:

Sample Iced?

Yes No

Relinquished By (Sampler):

Date / Time:

Received By (Courier, if applicable):

Date / Time:

Temperature

°C

Relinquished By (Courier):

Date / Time:

Corrected Temp

Received By (Lab):

Date / Time:

Lab Comments:

Incubation Date & Time

Begin

End

Tested By:

Date:

Date:

Time:

Time:

Laboratory Approval:

Date:

Time:

Report to Client By:

Date:

Time:

Sampler Name (Print):

Signature:

Operator License #:

Owner

Operator

Other:

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.

Chlorine Residual

Circle "F" for Free, "T" for Total. (mg/L)

Rejection Code (if applicable) - Please Resubmit

Lab Results

Test Method:

SM 9223 B (Colilert)

Chlorine ✓

Total Coliform

E. Coli

Absent Present

Absent Present

Absent Present

Absent Present

Serial # IR 140167645

Serial # IR 140167642

Laboratory Sample ID Number

Sample Identification/Location	Sample Type : (√ one)					Collected				Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time		
Use Specific Address / Location identified in Sample Siting Plan						Month	Day	Year	Please circle AM or PM		
Raw Well - Use Source ID for Well Sampled (Example: G1234567A)											
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* Special and Construction samples are NOT FOR COMPLIANCE.
 Revised 06/09/2022

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

Lab Rejected Code (LR) - Document Reason: 1. Sample too old. Analysis not initiated within 30 hours 2. Quantity insufficient for analysis (100 ML required) 3. Excessive chlorine residual 4. Heavy silt/turbidity present 5. Form incomplete/data discrepancy (errors corrected) 6. Other: