

# 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 - 23-15

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:**

Report Results To:

Name:

Address:

City:

State:

Zip Code:

Phone #:

Other Contact:

Sampler Name (Print):

Signature:

Operator License #:

Owner

Operator

Other:

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

### SHADED AREA FOR LABORATORY USE ONLY

**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:

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	Rejection Code (if applicable) - Please Resubmit	Lab Results						Serial # IR 140167645	Serial # IR 140167642	Laboratory Sample ID Number
Use Specific Address / Location identified in Sample Siting Plan		Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time					Test Method:	SM 9223 B (Colilert)		Chlorine √		Total Coliform			
Raw Well - Use Source ID for Well Sampled (Example: G1234567A)							Month	Day	Year	Please circle AM or PM		Circle "F" for Free, "T" for Total. (mg/L)		Absent	Present	Absent	Present	Absent	Present				
													F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
													T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
													F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
													T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
													F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
													T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
													F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
													T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
													F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
													T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
													F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
													T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
													F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
													T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

\* Special and Construction samples are NOT FOR COMPLIANCE.  
 Revised 06/09/2023

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