

TCEQ Microbial Reporting Form

TCEQ Form 10525

08/2017

Brazos County Health Department
201 N. Texas Avenue
Bryan, Tx 77803
979-361-5738; Fax: 979-823-2275

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



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:

TCEQ Certificate #: T104704299-18-10

TCEQ Lab ID:
48006

County:

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

°C

Received By (Lab):

Date / Time:

Lab Comments:

Incubation Date & Time

Begin

End

Tested By:

Date:

Date:

Time:

Time:

Laboratory Approval:

Date:

Time:

Sampler Name (Print):

Signature:

Operator License #:

Owner

Operator

Other:

Reported 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.

Chlorine Residual

Lab Results

All test results relate only to the samples as received.

All samples are tested in accordance to procedure "Test Method SM 9223- Presence/Absence for Coliform Bacteria and E.coli".

Sample Identification/Location

Sample Type : (√ one)

Collected

Replacement

Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)

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

Rejection Code (if applicable) - Please Resubmit

Test Method:

SM 9223 B (ColiLet)

Chlorine √

Total Coliform

E. Coli

Absent Present

Absent Present

Absent Present

Laboratory Sample ID Number

Use Specific Address / Location identified in Sample Siting Plan	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time	Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual	Rejection Code (if applicable) - Please Resubmit	Lab Results						Laboratory Sample ID Number	
						Month	Day	Year						Chlorine √		Total Coliform		E. Coli			
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)														Absent	Present	Absent	Present	Absent	Present		

* Special and Construction samples are NOT FOR COMPLIANCE

LAB REJECTION CODES: (BR) - Broken in Transit, (CL) - Chlorine Present in Sample, (EH) - Exceeded Hold Time, (EV) - Excessive Volume, (FZ) - Frozen Sample, (ST) - Heavy Silt or Turbidity Present, (IN) - Insufficient Sample Information, (LA) - Lab Accident, (LR) - Lab Rejected, (LT) - Leaked in Transit, (NC) - No Chlorine Residual on Form, (VO) - Volume Insufficient. See Lab Comments