

TCEQ Microbial Reporting Form

TCEQ Form 10525

Rev. 11 / 2016

Brazos County Health Department
 201 North Texas Avenue
 Bryan, TX 77803
 979-361-5738; Fax: 979-823-2275

TCEQ Certificate #
 T104704299

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:

County:

Report Results To:

Name:

Address:

City:

State:

Zip Code:

Phone #:

Fax #:

TCEQ Lab ID: 48006

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

°C

Received By (Lab):

Date / Time:

Lab Comments:

Sampler Name (Print):

License #:

Tested By:

Date / Time:

Sampler Signature:

Owner

Operator

Other:

Reported By (Signature/Title):

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 the samples were collected as indicated, and that the information submitted is accurate.

Chlorine Residual

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

Rejection Code (if applicable) - Please Resubmit

Lab Results

All test results relate only to the samples as received.

Test Method:

SM 9223 B (Colilert)

Laboratory Sample ID Number

Total Coliform

E. coli

Present

Absent

Present

Absent

| Replacement | Sample Identification/Location | | Collected | | | Sample Type : (√) | | | | | 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 | |
|--------------------------|---|-----|-----------|------------------------|---------|-------------------|--------|----------|-----------|----------------|---|-------------------|--|----------------|---------|---------|--------|-----------------------------|--|
| | Use Specific Address / Location <i>DO NOT USE SITE #</i> | | Date | | Time | Distribution | Repeat | Raw Well | Special * | Construction * | | | | Total Coliform | E. coli | | | | |
| | Month | Day | Year | Please circle AM or PM | Present | | | | | | | | | | Absent | Present | Absent | | |
| <input type="checkbox"/> | Raw Wells Use Source ID for Well Sampled Example: G1234567A | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |

* 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