

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: <small>(Must be 7 digits; include all zeros)</small>		TX		
Public Water System Name:				
County:				
Report Results To:	Name:			
	Address:			
	City:			
	State:	Zip Code:		
	Phone #:	Other Contact:		
	Sampler Name (Print):		Signature:	
Operator License #:		<input type="checkbox"/> Owner	<input type="checkbox"/> Operator Other:	

SHADED AREA FOR LABORATORY USE ONLY			
Sample Iced?	Relinquished By (Sampler):	Date / Time:	
	Received By (Courier, if applicable):	Date / Time:	
Temperature		Relinquished By (Courier):	Date/ Time:
Corrected Temp	Received By (Lab):	Date / Time:	
Incubation Date & Time			
Tested By:		Begin	End
		Date:	Date:
Reported By (Signature/Title):		Time:	Time:
		Date:	Time:
Lab comments:			

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						Laboratory Sample ID Number	
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date							Time	Test Method:		SM 9223 B (Colilert)		E. Coli		
						Month	Day	Year						Chlorine √	Total Coliform	Absent	Present	Absent		Present
Use Specific Address / Location identified in Sample Siting Plan											Circle "F" for Free, "T" for Total. (mg/L)		Absent	Present	Absent	Present	Absent	Present		
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
													<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
 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