

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 #: T104704299-17-9

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

Temperature

°C

Corrected Temp

°C

Lab Comments:

Tested By:

Laboratory Approval:

Reported to Client By:

Relinquished By (Sampler):

Received By (Courier, if applicable):

Relinquished By (Courier):

Received By (Lab):

Date / Time:

Date / Time:

Date/ Time:

Date / Time:

Incubation Date & Time

Begin

End

Date:

Date:

Time:

Time:

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

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 (Coli)ert

Chlorine √

Total Coliform

E. Coli

Absent Present

Absent Present

Absent Present

Absent Present

Laboratory Sample ID Number

Use Specific Address / Location identified in Sample Siting Plan

Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)

Routine (Distribution)

Repeat

Raw Well

Special *

Construction *

Month

Day

Year

Please circle AM or PM

am

pm

am

pm

am

pm

am

pm

am

pm

am

pm

am

pm

am

pm

am

pm

* 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