TCEQ Microbial Reporting Form

TCEQ Form 10525
08/2017

Upper Leon River Municipal Water District
2250 Hwy 2861 Comanche TX 76442
p (254) 879-2228 | f (254) 879-2020
ulrmwd.com | lab@ulrmwd.com
Mon-Wed 8a - 4p Thurs 8a - 12p

TCEQ Laboratory ID: T104704395

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: TX Zip Code:
Phone #:

Relinquished By (Sampler): Date / Time:
Received By (Courier, if applicable): Date / Time:
Relinquished By (Courier): 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.

SHADED AREA FOR LABORATORY USE ONLY

Sample Iced? ☐ Yes ☐ No
Thermometer ID
Received By (Lab): Date / Time:
Measured Temperature °C
Corrected Temperature °C
Incubation Date & Time — Begin: Date: Time: End: Date: Time:
Lab Comments:
Tested By:
Laboratory Approval: Date: Time:
Report to Client By: Date: Time:

Sample Identification/Location: Use Specific Address/Location identified in Sample Siting Plan; Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Sample Type: (✓ one) Routine (Distribution)	Repeat	Raw Well	Special*	Construction*	Collected Date: Month	Day	Year	Time: Please circle AM or PM	Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual: Circle "F" for Free "T" for Total (mg/L)	Rejection Code (if applicable) Please Resubmit §	Lab Results — Test Method: SM 9223B (Colilert) — Chlorine ✓ Absent	Chlorine ✓ Present	Total Coliform Absent	Total Coliform Present	*E. coli* Absent	*E. coli* Present	NOTE: All test results relate only to the samples received. Laboratory Sample ID Number
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§Sample Unsuitable for Analysis — BR=Broken in Transit — EH=Exceed Hold Time — FZ=Frozen Sample — ST=Heavy Silt or Turbidity Present — BP=Invalid Sampling Point — LA=Lab Accident — LT=Leaked in Transit — VO=Volume Insufficient

REJECTION CODES — CL=Chlorine present (in sample) — EV=Excessive Volume — HB=Heavy Bacterial Growth — IN=Insufficient Sample Information — IP=Invalid Sampling Protocol — LR=Lab Rejected — NC=No Chlorine Residual (on form)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule — *Special and Construction samples are NOT FOR COMPLIANCE — This form has been revised from the original TCEQ form to meed project-specific/quality system requirements for Upper Leon River Municipal Water District