TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule

City of Midland Utilities Laboratory
305 Edgewood Dr.
Midland, TX., 79707
Phone: (432)681-7618

MIDLAND Utilities

TCEQ Laboratory ID: T104704385

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: (Must be 7 Digits; include all zeros)	TX	Public Water System ONLY
Public Water System Name		

Report Results to:

Name:					
Address:					
City:		State:		Zip Code:	
Phone #:		PWS Email:			

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location (Use sample site location/address identified in the system's RTCR Sample Siting Plan; Raw Wells: Use Well Source ID (Ex: G1234567))	Sample Type (√ One): Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Collected: Date (MM/DD/YY)	Time Military Time (HHMM)	Chlorine Residual (Record One): Free mg/L	Total mg/L	Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
One line per sample											

Laboratory Analysis

Sample Iced				Temperature °C				Lab Comments
Yes		No		Therm ID:		Actual Temp:		
				Correction:		Corrected Temp:		

Media		Bottle		Chlorine Test Strip	
Lot No.		Lot No.		Lot No.	
Exp. Date		Exp. Date		Exp. Date	

Incubation Date & Time						Lab Rejected (LR) - Reason:
Start Date:		Start Time:		Analyst:		
End Date:		End Time:		Analyst:		

Result Reporting and Approval

Laboratory Approval:		Date:		Time:	
Reported to PWS By:		Date:		Time:	

Laboratory Analysis Results

Rejection Code: (If applicable) Please Recollect	Test Method: Chlorine Check: Absent	Chlorine Check: Present	Total Coliform (SM 9223B): Absent	Total Coliform: Present	*E. coli*: Absent	*E. coli*: Present	Analysis Results meet all accreditation requirements unless stated otherwise. Laboratory Sample ID Number

I acknowledge that samples were handled appropriately and all information is accurate. 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)

Sampler Name: (Print)		Sampler Signature:		Sampler Phone #:			
Sampler Email:				Operator License #: (if applicaple)			
Relinquished by Sampler:		Date & Time:		Received by Courier: (if applicable)		Date & Time:	
Relinquished by Courier:		Date & Time:		Received by Lab:		Date & Time:	

BLUE AREAS ARE FOR LABORATORY USE ONLY

TCEQ Sample Rejection Codes:				
BP: Invalid Sampling Point	EH: Exceeds Holding Time	IN: Insufficient Sampling Information	LR: Laboratory Rejection	VO: Insufficient Volume
BR: Broken in Transit	EV: Exsessive Volume	IP: Invalid Sampling Protocol	LT: Leaked in Transit	ST: Heavy Silt or Turbidity Present
CL: Chlorine Present	FZ: Frozen in Transit	LA: Laboratory Accident	NC: No Chlorine Residual (on paperwork)	