

Microbial Reporting Form

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

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 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

Sample Type (√ one)

Collected

Chlorine Residual

Use sample site location/address identified in the system's RTR Sample Siting Plan

Raw Wells: Use Well Source ID (Ex: G1234567A)

Routine (Distribution)

Repeat

Raw Well

Special *

Construction *

Date (MM/DD/YY)

Time Military Time (HHMM)

Free mg/L

Total mg/L

Replacement

Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)

Rejection Code (if applicable) - Please Recollect

Test Method:

Chlorine Check

Absent Present

Total Coliform

Absent Present

E. coli

Absent Present

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

Laboratory Analysis

Sample Iced?

Temperature (°C)

Thermometer ID

Lab Comments

Yes

No

Actual Temp:

Corrected Temp:

Incubation Date and Time

Lab Rejected Code (LR) - Document Reason:

Start Date and Time:

Analyst:

End Date and Time:

Analyst:

Result Reporting and Approval

Laboratory Approval:

Date:

Time:

Reported to PWS By:

Date:

Time:

Laboratory Analysis Results

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 applicable):	
Relinquished By Sampler:			Date and Time:			Received By Courier (if applicable):		
Relinquished By Courier (if applicable):			Date and Time:			Received By Courier (if applicable):		
Relinquished By Courier:			Date and Time:			Received By Lab:		