


TCEQ Microbial Reporting Form										TCEQ Form 10525		ENVIRONMENTAL MONITORING LABORATORY, LLC																													
										Rev. 11/2016 - EML 05/2019		Home Office / Central Division P.O. Box 477 / 6145 State Highway 171 Hillsboro, TX 76645 Office: 254-582-2622 Emergency: 254-582-1614																													
Water System Identification & Sample Collection Information (Please type or use block print with indelible ink only - DO NOT USE GEL PENS)																				TCEQ ID: TX01547																					
Public Water System ID:					TX										TCEQ LAB ID: T104704247																										
Public Water System Name:																																									
County:																																									
Report Results To:	Name:																																								
	Address:																																								
	City:																																								
	State:		Zip Code:																																						
	Phone #:		Fax #:																																						
Sampler Signature:										License #:																															
Sampler Name (Print):										Sampler Phone #:					Owner <input type="checkbox"/> Operator <input type="checkbox"/>																										
										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 the samples were collected as indicated, and that the information submitted is accurate.																				Tested By: (Initials)					Time Tested:		Reported By: (Initials)		Date / Time												
Report Approval Signature:										Date / Time:																															
Approving Technical Manager:										Date / Time:																															
<input checked="" type="checkbox"/>	Sample Identification/Location					Collected			Sample Type : (√)					Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)		Chlorine Residual		Lab Results																							
	Use Specific Address / Location					Date			Time			Distribution					Repeat		Raw Well		Special *		Construction *		Originating Lab ID#		Date of Collection		Rejection Code (if applicable) Please Re-submit		Test Method: SM9223 / B Colilert				Total Coliform		E. coli		Laboratory Sample ID Number		Notes
DO NOT USE SITE #																																									
Raw Wells Use Source ID for Well Sampled Example: G1234567A					Month			Day			Year			Please circle AM or PM																											
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