

# TCEQ Microbial Reporting Form

TCEQ Form 10525  
Rev. 11/2016 - EML 5/2017

## ENVIRONMENTAL MONITORING LABORATORY, LLC

Home Office / Central Division  
P.O. Box 477 / 6145 State Highway 171 Hillsboro, TX 76645  
Office: 254-582-2622 Emergency: 254-582-1614

Panhandle Division  
13260 South US Hwy 287 Amarillo, Texas 79118  
Office: 806-335-9393 Emergency: 806-786-0612

Southwest Division  
811 E Young Street Llano, Texas 78643  
Office: 325-247-3295 Emergency: 830-730-3317



TCEQ Lab ID: TX01547  
TCEQ Accreditation ID: T104704247

Water System Identification & Sample Collection Information (Please type or use block print with indelible ink only - DO NOT USE GEL PENS)

Public Water System ID: **TX**

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  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 the samples were collected as indicated, and that the information submitted is accurate.

### Sample Transport Chain of Custody - Signature Required (No Initials)

Relinquished By (Sampler): \_\_\_\_\_ Date / Time: \_\_\_\_\_

Received By (Courier, if applicable): \_\_\_\_\_ Date / Time: \_\_\_\_\_

Relinquished By (Courier): \_\_\_\_\_ Date / Time: \_\_\_\_\_

Received By (Lab): \_\_\_\_\_ Date / Time: \_\_\_\_\_

Sample Iced?  Yes  No Temperature \_\_\_\_\_ °C Corrected Temperature \_\_\_\_\_

Samples received on this reporting form were analyzed in the laboratory division shown circled above.

Trip: Yes / No Paid: Yes / No Check # \_\_\_\_\_

Tested By: \_\_\_\_\_ Date / Time: \_\_\_\_\_ Reported By: \_\_\_\_\_ Date / Time: \_\_\_\_\_

Report Approval Signature: \_\_\_\_\_ Date / Time: \_\_\_\_\_

Approving Technical Manager: \_\_\_\_\_ Date / Time: \_\_\_\_\_

Replacement ?	Sample Identification/Location		Collected			Sample Type : (v)					Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)		Chlorine Residual  Circle "F" for Free, "T" for Total. (mg/L)	Lab Results						
	Use Specific Address / Location <i>DO NOT USE SITE #</i>		Date		Time	Distribution	Repeat	Raw Well	Special *	Construction *	Originating Lab ID#	Date of Collection		Rejection Code (if applicable) Please Re-submit	Temp	Test Method: SM9223 / B Colilert		E. coli		Laboratory Sample ID Number
	Raw Wells Use Source ID for Well Sampled Example: G1234567A		Month	Day	Year											Please circle AM or PM	Present	Absent	Present	
<input type="checkbox"/>						am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				°C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>						pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				°C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>						am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				°C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>						pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				°C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>						am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				°C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>						pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				°C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>						am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				°C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>						pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				°C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>						am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				°C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>						pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				°C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

\* Special and Construction samples are NOT FOR COMPLIANCE

Rejection Criteria Codes/Definitions:

BR: Broken in Transit CL: Chlorine Present (in sample) EH: Exceeded Hold Time EV: Excessive Volume FZ: Frozen Sample HB: Heavy Bacterial Growth ST: Heavy Silt/Turbidity Present  
IN: Insufficient Information BP: Invalid Sampling Point IP: Invalid Sampling Protocol LA: Lab Accident LR: Lab Rejected LT: Leaked in Transit NC: No Chlorine Residual (on form) VO: Volume Insufficient