

Instructions for Completing the TCEQ Microbial Reporting Form (TCEQ-10525/INST)

PWS Fields – Left side of the form (left of middle border) must be filled out clearly by the PWS and/or sampler.

PWS information can be viewed at Texas Drinking Water Watch. www.tceq.texas.gov/goto/dww

Public Water System ID	The 7-digit public water system ID. Must match Texas Drinking Water Watch.
Public Water System Name	The public water system name. Must match Texas Drinking Water Watch.
Report Results To	The contact information for who the results should be reported to.
Sample Identification/Location	The location where the sample was collected. Must match the PWS's Sample Siting Plan.
Sample Type	Select only one sample type. Routine, Repeat, and Raw Well are compliance sample types.
Collected Date	The sample collection date in MM/DD/YYYY format.
Collected Time	The sample collection time in military time in HHMM format.
Chlorine Residual – Free/Total	The field-tested chlorine residual value (mg/L) in the appropriate column, Free or Total.
Replacement	Select this box if the sample is a replacement sample following rejected sample.
Original Sample Info: Sample ID & Date of Collection	The original sample ID and collection date. Use only for repeat, TSM, or replacement samples.
Sampler Name (Print)	The sampler's printed name.
Sampler Signature	The sampler's signed name.
Sampler Phone #	The best phone number to contact the sampler in case of positive or rejected samples.
Sampler Email	The best email to contact the sampler in case of positive or rejected samples.
Operator License # (if applicable)	The sampler's water operator license number, if applicable.
Relinquished By Sampler & Date/Time	Complete at the lab when dropping off samples or when handing samples to a courier.
Received By Courier & Date/Time (if applicable)	Completed by courier when samples are transferred from sampler to courier.
Relinquished By Courier & Date/Time (if applicable)	Completed by courier when samples are dropped off at the lab.

Lab Fields – Right side of the form (right of middle border) must be filled out clearly by lab staff.

Lab Name and Contact Information	The lab name and contact information.
Lab Logo/Image	The lab logo or image.
TCEQ Laboratory ID	The lab's 10-digit TCEQ Lab ID, truncated accreditation certificate number.
Sample Iced?	Select Yes or No, according to sampler transport.
Temperature (°C) Actual/Corrected	The sample temperature when received by laboratory, including thermometer correction factor.
Lab Comments	Any additional comments that are related to the samples on the MRF.
Incubation Start Date & Time & Analyst	The date, military time, and initials/name of analyst starting sample incubation.
Incubation End Date & Time & Analyst	The date, military time, and initials/name of analyst ending sample incubation and reporting results.
Lab Rejected Code (LR) – Document Reason	The reason for using rejection code LR.
Laboratory Approval & Date/Time	Name of lab personnel approving the sample results with the date and military time.
Reported to PWS By & Date/Time	Name of lab personnel reporting the sample results to the PWS with the date and military time.
Test Method	The accredited method used to analyze the samples.
Rejection Code (if applicable)	The two-letter rejection code when a sample has been rejected. See Table 1 in QAPP Addendum 4.
Results – Chlorine Check/Total Coliform/<i>E. coli</i>	The presence/absence of residual chlorine, total coliform, and <i>E. coli</i> for each sample.
Laboratory Sample ID Number	The lab-assigned sample ID number. Must be a unique number for each sample.
Received By Lab & Date/Time	Completed by lab when samples are accepted from sampler or courier.

For questions on the Microbial Reporting Form, contact the TCEQ Water Supply Division Revised Total Coliform Program at TCRDATA@tceq.texas.gov, the Groundwater Rule Program at GWRDATA@tceq.texas.gov, or at (512) 239-4691.