



<b>TCEQ Microbial Reporting Form</b>				TCEQ Form 10525 08/2017 GBRA DOC#3019-D Rev.15 Eff. 11/5/18 KG		Guadalupe Blanco River Authority Laboratory 933 E. Court St. • Seguin, TX • 78155 (830) 379-5822 • lab@gbra.org NELAC Certificate #: T104704269-TX				 											
Water System Identification & Sample Collection Information (Please type or use block print)										TCEQ Laboratory ID: <b>48136</b>											
Public Water System ID: <small>(Must be 7 digits; include all zeros)</small>		TX								Test Results must meet all accreditation / certification requirements unless stated otherwise.											
Public Water System Name:										<b>SHADED AREA FOR LABORATORY USE ONLY</b>											
County:										<b>Sample Iced?</b>											
Report Results To:		Name:						Relinquished By (Sampler):		Date / Time:											
		Address:						Received By (Courier, if applicable):		Date / Time:											
		City:						Relinquished By (Courier):		Date / Time:											
		State:		Zip Code:						Received By (Lab):		Date / Time:									
Phone #:		Other Contact:						Chlorine Strip ID:		<b>Analysis Date &amp; Time</b>											
										<b>Begin</b>		<b>End</b>									
Sampler Name (Print):		Signature:						Lab Comments:		Tested By:		Read By:									
										Date:		Date:									
										Time:		Time:									
Operator License #:		Owner		Operator		Other:				Laboratory Validation:		Date: Time:									
		<input type="checkbox"/>		<input type="checkbox"/>						Laboratory Approval:		Date: Time:									
								Report to Client By:		Date: Time:											
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 samples were collected according to the systems established sample collection procedures, and that all information is accurate.										<b>Chlorine Residual</b>		<b>Lab Results</b>				<b>Laboratory Sample ID Number</b>					
<b>Sample Identification/Location</b>		<b>Sample Type : (√ one)</b>				<b>Collected</b>				Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)		Rejection Code (if applicable) - Please Resubmit		<b>Test Method:</b>				<b>IDEXX Colilert-18</b>			
Use Specific Address / Location identified in Sample Siting Plan		Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date		Time					Chlorine √				Total coliform		E. coli	
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)		Month	Day	Year	Please circle AM or PM		Replacement	Circle "F" for Free, "T" for Total. (mg/L)		Absent		Present		Absent				Present		Absent	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	am	<input type="checkbox"/>	F	<input type="checkbox"/>	T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Form instructions: [www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule](http://www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule)

\* Special and Contraction samples are NOT FOR COMPLIANCE

Lab Rejected Code (LR) - Document Reason:

BP=Invalid sampling point, BR=Broken, CL=Chlorine present, EH=Exceeds holding time, EV=Excessive volume, FZ=Frozen sample, HB=Heavy bacterial growth, IN=Insufficient information, IP=Invalid sampling protocol, LA=Lab accident, LR=Lab rejected, LT=Leaked in transit, NC=No chlorine residual, ST=Heavy silt or Turbidity present, VO=Insufficient volume