

# TCEQ Microbial Reporting Form

Rev. 3  
12/2018

Abilene-Taylor County Public Health District Laboratory  
850 N. 6th St.  
Abilene, TX 79601  
Phone: 325-437-4653 Fax: 325-437-2407



TCEQ Laboratory ID:

48003

Test Results must meet all accreditation / certification requirements unless stated otherwise.

## Water System Identification & Sample Collection Information (Please type or use block print)

**Public Water System ID:**  
(Must be 7 digits; include all zeros)

TX

**Public Water System Name:**

**County:**

### SHADED AREA FOR LABORATORY USE ONLY

**Report Results To:**

Name:

Address:

City:

State: Zip Code: Fax #:

Phone #: Other Contact:

**Sample Iced?**  
 Yes  No

**IR-Thermometer ID:**

Relinquished By (Sampler): Date / Time:

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

**Temperature °C**

**Correction Factor (°C)**

Relinquished By (Courier): Date / Time:

**Corrected Temp °C**

Received By (Lab): Date / Time:

Lab Comments: **Incubation Date & Time**

**Begin** **End**

Tested By: Date: Time:

Laboratory Approval: Date: Time:

Sampler Name (Print): Signature:

Operator License #:  Owner  Operator Other:

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.

Sample Identification/Location		Sample Type : (√ one)					Collected				Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual Circle "F" for Free, "T" for Total. (mg/L)	Rejection Code (if applicable) - Please Resubmit	Lab Results						Laboratory Sample ID Number		
Use Specific Address / Location identified in Sample Siting Plan		Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time <i>Please circle AM or PM</i>					Test Method: SM 9223 B - P/A Enzyme Substrate IDEXX ColiIert-18		Chlorine √		Total Coliform			E. Coli	
Bottle ID	Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)						Month	Day	Year						Absent	Present	Absent	Present	Absent	Present			

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 Construction samples are NOT FOR COMPLIANCE Lab Rejected Code (LR) - Document Reason:

Sample Container: Plastic 120mL w/Na<sub>2</sub>S<sub>2</sub>O<sub>3</sub> Page \_\_\_\_ of \_\_\_\_ Billing Info: Report ID: