

TCEQ Microbial Reporting Form

TCEQ Form 10525

08/2017

Chaparral Laboratories, Inc.



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

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

P.O. Box 1622 861 State Hwy 19
Huntsville, TX 77342 Huntsville, TX 77320

www.chaparrallabs.com Phone: 936-291-1881 Fax: 936-295-1731

TCEQ Laboratory ID:

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

T104704204

Public Water System Name:

County:

SHADED AREA FOR LABORATORY USE ONLY

Report Results To:

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone #: _____ Other Contact: _____

Sample Iced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relinquished By (Sampler): _____ Date / Time: _____
Temperature °C	Received By (Courier, if applicable): _____ Date / Time: _____
	Relinquished By (Courier): _____ Date / Time: _____
Corrected Temp °C	Received By (Lab): _____ Date / Time: _____
Lab Comments:	Incubation Date & Time
Tested By:	Begin Date: _____ End Date: _____
	Time: _____ Time: _____
Laboratory Approval:	Date: _____ Time: _____
Report to Client By:	Date: _____ Time: _____

Sampler Name (Print): _____ Signature: _____
Operator License #: _____
 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 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	Rejection Code (if applicable) - Please Resubmit	Lab Results						Laboratory Sample ID Number		
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time					Test Method:		Chlorine √		Total Coliform			E. Coli	
						Month	Day	Year	Please circle AM or PM					Absent	Present	Absent	Present	Absent	Present			
Use Specific Address / Location identified in Sample Siting Plan																						
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)																						