TCEQ Microbial Reporting Form (TCEQ-10525) **Houston Health Department HOUSTON HEALTH Environmental Microbiology Laboratory** Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule 2250 Holcombe Blvd. Houston, TX 77030 Water System Identification & Sample Collection Information (Please print or type the information) Phone: (832)393-3939 Email: WaterLab.info@houstontx.gov TCEQ Laboratory ID: Public Water System ID: TX Website: https://www.houstonhealth.org/services/laboratory-services T104704253 (Must be 7 digits; include all zeros) Laboratory Analysis **Public Water System Name:** Sample Iced? Temperature (°C) **Lab Comments** COH Payment Name: Account Number Therm Actual Corrected No Temp: Temp: ID Address Lab Rejected Code (LR) - Document Reason: Incubation Date and Time Report Res Start Date and Time: Analyst: State: City: Zip Code: End Date and Time Analyst: PWS Email: Phone # **Result Reporting and Approval** * SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES Laboratory Approval: Date: Time Chlorine Residual Date: Time Sample Identification/Location Sample Type (√ one) Collected Reported to PWS By: Original Sample Info: Sample ID Laboratory Analysis Results Use sample site location/address identified in the and Date of system's RTCR Sample Siting Plan Time Collection Test Method: SM 9223 B Colilert®-18 Date Replacement Rejection Code Analysis Results meet all accreditation requirements Military Time Total (Repeat, TSN Free Construction (if applicable) unless stated otherwise. Raw Well (MM/DD/YY) (HHMM) mg/L mg/L Raw Well, **Total Coliform** Chlorine Check E. coli Special * Repeat Please Raw Wells: Use Well Source ID (Ex: G1234567A) Replacement) Recollect Laboratory Sample ID Number Absent Present Absent Presen Absent Present I acknowledge that samples were handled appropriately and all information is accurate. 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) Sampler Name (Print): Sampler Signature: Sampler Phone #: Operator License # Sampler Email: (if applicable):

TCEQ-10525 (Rev. 08/2023) Lab Modified (Rev. 11/2023)

TCEQ Water Supply Division - (512)-239-4691

Date and Time:

Date and Time:

Received By

Courier (if applicable):

Received By Lab:

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Date of Issue: 1/8/2024

Courier:

Sampler:

Date and Time:

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