

Microbial Reporting Form

Public/Private Water System Identification & Sample Collection Information (Please PRINT legibly in black ink)

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

Public Water System Name

County

COH Acct #, check or MO #, cc approval code

Send Results To

Name

Address

City

State

Zip Code

Phone #

Fax # or Email

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.



**Houston Health Department
Environmental Microbiology Laboratory**

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P (832)393-3939 F (832)393-3989

www.houstontx.gov/health/water.html

WaterLab.info@houstontx.gov

TCEQ Lab ID: 48012



Test results meet all accreditation / certification requirements unless stated otherwise.

Sample Iced?

Yes

No

Relinquished By (Sampler):

Date / Time:

Received By (Courier if Applicable):

Date / Time:

Temperature

°C

Relinquished By (Courier):

Date / Time:

Corrected Temp

°C

Received By (Lab):

Date / Time:

Thermometer ID

Lab Comments:

Client Notification of Positive Sample Result or Rejected Sample (LAB USE ONLY)

Client or Sampler Notified

Notified By:

Date/ Time Notified:

Notes:

System Type (Circle one)

Water Source (Circle One)

Chlorine Residual

LABORATORY USE ONLY

Public Private Bottled/Vended Groundwater (Well) Surface (Lake, River) Ground W/ Surface Influence

Sample Identification/Location

Collected

Sample Type : Mark Only One

Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)

Record Chlorine Residual and Circle "F" for Free, "T" for Total. (mg/L)

Rejection Code (If Applicable)- Please Resubmit

Laboratory Sample ID Number

Use Specific Address/Location/Description

Date

Write time sampled. Circle am/pm

Routine (Distribution)

Repeat

Raw Well

Special*

Construction*

Replacement

DO NOT USE SITE #
Raw Wells Use Source ID for Well Sampled; Ex. G1234567A

M/D/Y

am
pm

F
T

am
pm

F
T

am
pm

F
T

am
pm

F
T

Form Instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-colliform-rule

*Special and Construction samples are NOT FOR COMPLIANCE

Lab Rejected Code(LR)- Document Reason: