	TCEQ Microbial Reporting Form (TCEQ-10525)																			$\overline{}$			- CONTROL							
Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule																AN	IRA	71			La	b Logo/Image								
Water System Identification & Sample Collection Information (Please print or type the information)																["														
Public Water System ID: (Must be 7 digits; include all zeros) TX														ANGELINA & NECHES RIVER AUTHORITY TCEQ Laboratory ID:																
Public Water System Name:											SHADED AREA FOR							OR LABOR	ATORY U	SE ONLY										
	News																	Sample Iced?				Temperature (°C)				The	erm ID:	Correction Factor:	Receipt #	
port Results To:	Name:																	Yes			served emp:			Corrected Temp:			RM-			
	Address:																				Incubat	ion Date	and Time	ime			Lab Rejected Code (LR) - Document Reason:			
	City:				State:						Zip Cod	Zip Code:				Start Date/Time:					Analyst:									
Re	Discuss #							DIA/O F 'I									End Date	/Time:	:			Analyst:								
	Phone #:			PWS Ema																	Resul	t Reporti	ng and Ap	proval	oroval					
	* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES										Laborator	y Appr	oval:						Dat	e:	Т	me:								
Sample Identification/Location Sample Type (check one)						C	llected	Chlorine	Residual		Original Samp	ample	Reported	to PW	S By:						Dat	e:	Т	ime:						
Use sample site location/address ident						istribution						Time				Info: Sample ID and Date of	ple ID			L	aborator				ation			Work Orde	er#	
system's RTCR Sample Siting Plan					in		_		tion *	Date (MM/DD/)	Time 24-hr format	Free mg/l	Total	nent	Collection	ion	Test Method:			requirements un			s meet all accreditation inless stated otherwise.							
Raw Wells: Use Well Source ID (Ex: G1234567A)					Routine (D)		Raw Well	Special *	Construction	(MM/DD/YY	(HHMM)	mg/L	mg/L	Replacement	(Repeat, TSM Raw Well, Replacemen		Rejection (if applic			ine Check		Coliform		coli		_				
						Rot	Rep	Rav	Spe	Con					Rep			Please red		Absen	t Present	Absent	Present	Absent	Present		Labora	tory Sampl	e ID Number	
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	I acknowledge that samples were handled appropriately and all information is accurate. Falsification of this form or tamperi									ag with w	inter s	amnles i	is a crime n	unishahla	under ste	ate and/o	r federal i	law (Tev	as Donal C	ode Title 8	Chanter 37 10)									
Sampler Name (Print): Sampler Signature: Sampler Phone #:												, jeuerur			oue, mie o,	Chapter 37:10)														
S	ampler Email:	:															Operator License #													
	elinquished B		Date and															ceived By							Date a	nd Time:				
R	elinquished B	у										Date and Time:		Receiv							Date and Time:								_	