

TCEQ MICROBIAL REPORTING FORM *



City of Kerrville Laboratory
 1000 Thompson Drive
 Kerrville, TX 78028
 Phone: (830) 257-4230



TCEQ Certificate: T104704312

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

Public/Private Water System Identification & Sample Collection Information
(Please type or use block print - use waterproof ink)

Public Water System ID: TX

Public Water System Name:

County:

Name: _____ Date/Time: @

Address: _____ Date/Time: @

City: _____ Date/Time: @

State: _____ Date/Time: @

Zip Code: _____ Date/Time: @

Phone #: _____ Date/Time: @

Sampler Name (print): _____ Date/Time: @

Sampler Phone #: _____ Date/Time: @

Operator License #: _____ Date/Time: @

Owner
 Operator
 Other

Finalization 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 the samples were collected as indicated, and the information submitted is accurate.

Replacement	Sample Identification/Location		Collected			Sample Type : (√ one)				
	Use specific Address/Location identified in Sample Siting Plan <small>Raw Wells - Use source ID for well sampled Example: G1234567A</small>		Date	Time		Repeat	Raw Well	Special *	Construction**	Lab Sample ID & Date of Originating Sample (all Repeat, Replacement & Triggered Raw Samples)
			Month	Day	Year	(Distribution)				
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TCEQ Form: 10525
 Modified 8/2023 by Cok Lab

* Form instructions: see BACK

** Special and Construction samples are NOT FOR COMPLIANCE

SHADED AREA FOR LABORATORY USE ONLY

Relinquished by (Sampler - sign): _____ Date/Time: @

Received by (Counter - if applicable): _____ Date/Time: @

Relinquished by (Counter): _____ Date/Time: @

Received by (Lab - sign): _____ Date/Time: @

Incubation Start by: _____ Date/Time: @

Incubation End by: _____ Date/Time: @

Laboratory Approval: _____ Date/Time: @

Report to Client by: _____ Date/Time: @

Mail (=default for negatives) Phone Email

LAB RESULTS

Test Method: SM 9223 - COLLERT®			Chlorine Test Strip CID #		
Sample iced? <input type="checkbox"/> YES <input type="checkbox"/> NO			Colilert CID #		
Chlorine Residual mg/L			Comparator CID#		
<input type="checkbox"/> Free <input type="checkbox"/> Total			Vessel CID# Lab comments:		
Chlorine Check Y/N			Total Coliform		
Temp °C			Present <input type="checkbox"/> Absent <input type="checkbox"/>		
Int. / Corr.			Present <input type="checkbox"/> Absent <input type="checkbox"/>		
Reflection Code			Present <input type="checkbox"/> Absent <input type="checkbox"/>		
Please Resubmit			Present <input type="checkbox"/> Absent <input type="checkbox"/>		
E. coli			Present <input type="checkbox"/> Absent <input type="checkbox"/>		
Laboratory Sample ID #					

Lab rejected (LR) - Document Reason:

How to Complete the Microbial Reporting Form (MRF, #10525)

The Microbial Reporting Form (MRF) is required when reporting sample results to TCEQ for compliance with the Revised Total Coliform Rule (RTCR) and Ground Water Rule (GWR) only. Use of this form is mandatory unless the laboratory is submitting data electronically to TCEQ via E2, in which case the lab may use an alternate form that captures all the TCEQ required data.

1. Fill in the Public Water System (PWS) ID number, PWS Name and County. Only one PWS per form and shipping/transport container. (All samples on the form must be transported in the same container)
2. Fill in the Name, Mailing Address, Phone Number and Fax Number (if available) of the person to whom the sample results should be reported.
3. Fill in the sample collector's information including: Name, signature and association with the system. (If other is marked, please indicate in what capacity the sampler is associated with the system). Community and Non-Transient Non-Community PWSs should also fill in the operator's license number. Samples will not be accepted by TCEQ if the form is not signed by the sampler or if the sampler name is missing.
4. Complete the required **Sample Identification/Location** for each sample.
 - a. Under **Sample Identification/Location**, document the sample sites as listed in RTCR Sample Siting Plan. Use specific addresses or locations; DO NOT use generic site numbers. For raw well samples, ensure the appropriate Source ID (e.g. G1234567A) is documented to avoid sample/data rejection. If you do not know the Source ID please contact TCEQ or visit the Drinking Water Watch (DWW) website under "Facilities". DWW link: <http://dww2.tceq.texas.gov/DWW/>
 - b. Check the appropriate box for **Sample Type**. Check only one box. (Mandatory)
 - Compliance sample types include Routine (Distribution), Repeat or Raw Well. *Special and Construction samples WILL NOT be used for compliance.*
 - Non-Compliance sample types are Construction and Special. These types of samples are for water systems to use after construction work or for special investigation purposes and will not be used for TCEQ compliance.
 - If more than one sample type is checked, the sample will be rejected. Changes to sample type are not allowed after custody has been relinquished to the lab.
 - c. Fill in the **Date** the sample was collected. Fill in the **Time** of sample collection and circle AM or PM. Date and time are mandatory.
 - d. If the sample collected replaces a previously rejected sample, check the box under "Replacement".
 - Repeat samples, replacement samples, and triggered raw samples must have the originating sample ID and *collection* date filled in next to the replacement indicator box.
 - e. A **Chlorine Residual** must be measured and recorded for each *compliance* sample collected in the field to prevent sample/data rejection. Fill in the measured residual in mg/L. Indicate the type of residual measured by circling "F" for Free or "T" for Total (Chloramines). Compliance samples without a chlorine residual measured in the field at the time of collection will be rejected.
5. Return the completed MRF to the laboratory with the water sample(s).
 - a. Complete the Chain of Custody (COC) area by filling in the appropriate "Relinquished By" field(s) and date(s). The laboratory should complete the "Received By (Lab)" fields. The COC area of the form requires signatures, initials are not acceptable.
 - In the event the water system uses a courier, or someone other than the sampler delivers the water samples to the lab, the sampler will **sign** and date in the "Relinquished By" fields when turning over the samples to that courier who will **sign** and date the "Received By" field. The sampler or courier should complete the "Relinquished By" fields upon delivery of the samples to the laboratory.
 - Laboratories may opt to use a separate COC form. In this case both the MRF and separate COC must be submitted to the TCEQ together.
6. Use of this form is mandatory for compliance samples. TCEQ reserves the right to not accept samples / results from unapproved or modified forms. (Labs may customize the form to add their name/logo, contact information, and laboratory ID number in the upper right part of the form)
7. Double check the completed form for accuracy before relinquishing custody to the laboratory. Labs are not authorized to make changes to the form. Only the TCEQ can authorize changes after the MRF is submitted to the lab or after analysis is completed.