TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

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

Report Results To:

Name:	Texan Water				
Address:	161 Industrial LP				
City:	Fredericksburg	State:	TX	Zip Code:	78624
Phone #:	830 385 4639	PWS Email:	ncraig@texanwater.com		

*** SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES**

Sample Identification/Location (Use sample site location/address identified in the system's RTCR Sample Siting Plan. Raw Wells: Use Well Source ID (Ex: G1234567A))	Sample Type (√ one): Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Collected: Date (MM/DD/YY)	Collected: Time Military Time (HHMM)	Chlorine Residual: Free mg/L	Chlorine Residual: Total mg/L	Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
Shay Wright			X			11/29	9:00			☐	
Shay Wright			X			11/29	9:00			☐	
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TEXAS STATE UNIVERSITY

Edwards Aquifer Research and Data Center
601 University Dr
San Marcos TX 78666
512-245-2329
ma15@txstate.edu

TCEQ Laboratory ID: T104704402

Laboratory Analysis

Sample Iced?	Temperature (°C)				Lab Comments
Yes ☒ No ☐	Actual Temp:	5.4	Corrected Temp:	5.3	THERM-VINCENT CF ⇒ 0.1 °C PAID WITH Icard

Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time:	11/29/23 4:40p	Analyst: CF	
End Date and Time:	11/30/23 10:40A	Analyst: CF	

Result Reporting and Approval

Laboratory Approval:	[signature]	Date: 11/30/23	Time: 10:51a
Reported to PWS By:	[signature]	Date: 11/30/23	Time: 10:41

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: SM 9223B — Chlorine Check Absent	Chlorine Check Present	Total Coliform Absent	Total Coliform Present	*E. coli* Absent	*E. coli* Present	Analysis Results meet all accreditation requirements unless stated otherwise. Laboratory Sample ID Number
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	☒	☐	☒	☐	☒	☐	175279
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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):	Nathan Craig	Sampler Signature:	[signature]	Sampler Phone #:	
Sampler Email:				Operator License # (if applicable):	

Relinquished By Sampler:		Date and Time:		Received By Courier (if applicable):		Date and Time:	
Relinquished By Courier:		Date and Time:		Received By Lab:	[signature]	Date and Time:	11/29/23 16:35P