# TCEQ — MICROBIAL MONITORING FORM

Preserving natural resources in a changing world™

**TALEM, INC.**
Environmental Chemistry & Compliance Specialists™

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TCEQ Lab ID: TX01427

ACCREDITED IN ACCORDANCE WITH nelac

NELAC Certificate #: T104704207-12-6

Test results meet all requirements of NELAC unless stated otherwise.

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

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

**Public Water System Name:**

**County:**

**Send Results To:**

**Name:**

**Address:**

**City:**

**State:** **Zip:** -

**Phone #:** **Fax # :**

**Sampler Name:**

**Sampler Contact # :** ☐ Owner ☐ Operator ☐ Other: _____

LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE

| Samp. Iced? | Temp Obs. | Temp Corr. | Corr. Fact. | Therm. ID |
|---|---|---|---|---|
| | | | | |

| | | | |
|---|---|---|---|
| **Relinquished By** | | **Date/ Time** | |
| **Received By** | | **Date/ Time** | |
| **Relinquished By** | | **Date/ Time** | |
| **Received at Lab By** | | **Date/ Time** | |
| **Tested By** | | **Date/ Time** | |
| **Report Approval by Tech. Dir.** | | **Date** | |

**System Type : (√)**
☐ Public ☐ Private ☐ Bottled/Vended ☐ Other _____

**Water Source : (√)**
☐ Groundwater ☐ Surface Water ☐ Groundwater with Surface Water Influence

**Chlorine Residual**
☐ Free mg/L
☐ Total mg/L

**Unsuitable Sample - Please Resubmit***
Rejection Criteria #

**Lab Results**
Note: All test results relate only to the samples as received.
Test Method:

**Acct. #:** _____

| Sample Identification/Location (Use Specific Address/Location; NOT SITE #; Raw Wells Use Source ID for Well Sampled Ex: G1234567A) | Collected: Date Month | Day | Year | Time (Please circle AM or PM) | Sample Type: (√) Distribution | Construction | Raw Well | Special | Repeat: | Include Lab ID of Originating Positive on all Repeat Samples | Total Coliform Present | Total Coliform Absent | E. coli Present | E. coli Absent | Laboratory Sample ID Number |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ | ☐ | |
| | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ | ☐ | |
| | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ | ☐ | |
| | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ | ☐ | |
| | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ | ☐ | |
| | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ | ☐ | |
| | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ | ☐ | |
| | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ | ☐ | |
| | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ | ☐ | |
| | | | | am / pm | ☐ | ☐ | ☐ | ☐ | ☐ | | ☐ | ☐ | ☐ | ☐ | |

TCEQ Form: 10525 6/2009

***Unsuitable Sample Analysis- Rejection Criteria # Definitions**

1) Sample Too old. Analysis not initiated within 30 hours of collection
2) Quantity insufficient for analysis (100mL required)
3) Excessive Chlorine Residual (>10 mg/L)
4) Heavy Silt/Turbidity Present
5) Form Incomplete / Date Discrepancy (Errors Circled)
6) Other: