

TCEQ **MICROBIAL MONITORING FORM**



Red River Authority of Texas
Environmental Services Laboratory
 P.O. Box 240, Wichita Falls, TX 76307-0240
 3000 Hammon Rd, Wichita Falls, TX 76310-7500
 Phone: 940-723-1717 • Fax: 940-723-6529
 Website: www.rra.texas.gov • Email: lab@rra.texas.gov

Laboratory Use Only: COC#

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:

System Type : (√) **Water Source :** (√)
 Public Private Bottled/Vended Groundwater Surface Water
 Other Groundwater with Surface Water Influence

Sample Identification/Location **Collected** **Sample Type :** (√)
 Use Specific Address/Location **Date** **Time**
 NOT SITE # **Month** **Day** **Year** **HH:MM**
 Raw Wells Use Source ID for Well Sampled Ex: G1234567A **Replacement** **Routine** **Repeat** **Raw Well** **Well Depth** **Special** **Construction**
Include Sample ID and Collection Date of Originating sample for Replacement, Repeat and Raw Triggered Samples

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

Relinquished By: **Date/Time** **Received By:** **Date/Time**

Relinquished By: **Date/Time** **Received By:** **Date/Time**

Relinquished By: **Date/Time** **Received By:** **Date/Time**

Received for Laboratory By: **Date/Time** **Samples Analyzed By:** **Date/Time**

Reported By: **Date/Time** **Report Approved By:** **Date/Time**

Sample(s) delivered on ice? **Yes / No** **IR Temperature Gun S/N** **Sample Temperature (°C)**

Special Instructions:

Chlorine Residual	Unsuitable Sample - Please Resubmit*	Lab Results				Laboratory Sample ID Number
		Note: All test results relate only to the samples as received.				
		Test Method: SM9223 Presence-Absence Procedure				
		Total Coliform		E. coli		
		Present	Absent	Present	Absent	
<input type="checkbox"/> Free mg/L	Rejection Criteria #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Total mg/L		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sample Identification/Location	Replacement	Date			Time	Routine	Repeat	Raw Well	Well Depth (ft)	Special	Construction	Chlorine Residual	Unsuitable Sample - Please Resubmit*	Lab Results				Laboratory Sample ID Number
		Month	Day	Year										HH:MM	Total Coliform		E. coli	
Raw Wells Use Source ID for Well Sampled Ex: G1234567A														Present	Absent	Present	Absent	
	<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"/>	
	<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"/>	
	<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 05/2012

*Unsuitable Sample Analysis - Rejection Criteria # Definitions

1) Sample too old. Exceeded hold time. 2) Insufficient volume 3) Excessive chlorine present in sample. 4) Heavy silt/turbidity present. 5) Form Incomplete / Date Discrepancy (Errors Circled) 6) Other: