TCEQ Microbial Reporting Form

TECQ 10525
08/2017

NOVA BIOLOGICALS
A Tentamus Company

Nova Biologicals, Inc
1775 N. Loop 336 East, Ste. 4
Conroe, TX 77301
Phone: 936-756-5333

TCEQ Laboratory ID: T104704289

Test Results must meet all accrditiation / certification requirements unless stated otherwise.

Water System Identification & Sample Collection Information (Please type or use bock print.)

Public Water System ID: (Must be 7 digits: Include all zeros)	TX	
Public Water System Name:		
County:		

Report Results To:

Name:			
Address:			
City:			
State:		**Zip Code:**	
Phone:		**Other Contact:**	

Sampler Name (Print): | **Signature:**

Operator License #: ☐ **Owner** ☐ **Operator** **Other:**

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) By signing this form, the sampler acknowledges that samples were collected according to the systems established sample collection procedures, and that all information is accurate.

SHADED AREA FOR LABORATORY USE ONLY

Sample Iced? ☐ Yes ☐ No	**Relinquished By (Sampler):**	**Date / Time**	
	Received By (Courier, if applicable):	**Date / Time**	
Temperature °C	**Relinquished By (Courier, if applicable):**	**Date / Time**	
Corrected Temp	**Received By (Lab):**	**Date / Time**	

Lab Comments:

Incubation Date & Time

	Begin	**End**
Tested By:	Date:	Date:
	Time:	Time:

Laboratory Approval:

Report to Client By:

Sample Identification/Location: Use Specific Address / Location identified in Sample Siting Plan; Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Sample Type: (√ one): Routine (Distribution)	Repeat	Raw Well	*Special **	*Construction**	Collected: Date: Month	Day	Year	Time: *Please circle AM or PM*	Replacement	Sample ID & Date of Originating Sample (All Repeat Replacement & Triggered Raw Samples)	Chlorine Residual: Circle "F" for Free, "T" for Total (mg/L)	Rejection Code (If Applicable) - Please Resubmit	Lab Results: Test Method: Chlorine √ Absent	Chlorine √ Present	Total Coliform Absent	Total Coliform Present	*E. Coli* Absent	*E. Coli* Present	Laboratory Sample ID Number
									am / pm			F / T								
									am / pm			F / T								
									am / pm			F / T								
									am / pm			F / T								
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									am / pm			F / T								

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

*Special and construction samples are NOT FOR COMPLIANCE

Lab Rejected Code (LR) - Document Reason: