

TCPH-NTRL Microbial Reporting Form

Date of Issue
2/27/2024

Tarrant County Public Health
North Texas Regional
Laboratory
1101 South Main Street
Suite 1700
Fort Worth, TX 76104
Phone: 817-321-4778

For Lab Use Only: Affix LIMS barcode label here.



Public Health

TCEQ Laboratory ID:
T104704339

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: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ PWS Email: _____

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

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Repeat Location: OR, UP, or DN	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)	
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free (mg/L)	Total (mg/L)			Original Sample ID Number	Date Of Collection
PWS Samples use sample site location/address identified in the system's RTCR Sample Siting Plan. Raw Wells: Use Well Source ID (Ex: G1234567A)										<input type="checkbox"/>			
										<input type="checkbox"/>			
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Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input type="checkbox"/> No <input type="checkbox"/>	Actual Temp: _____	Corrected Temp: _____	
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time:	Analyst:		
End Date and Time:	Analyst:		

Result Reporting and Approval			
Laboratory Approval:	Date:	Time:	
Reported to PWS By:	Date:	Time:	

Laboratory Analysis Results							Single Bottle Lot Code #	
Test Method: SM9223-10exx Laboratories Coli18-18 Test		Analysis Results meet all accreditation requirements unless stated otherwise.						
Rejection Code (if applicable) - Please Recollect	Chlorine Check		Total Coliform		E. coli		Laboratory Sample ID Number	For Multiple Bottle Lots, Record Below
	Absent	Present	Absent	Present	Absent	Present		
	<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"/>		

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):	Sampler 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:	Date and Time: