

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"/> | | | |
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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-Idexx Laboratories ColiRet®-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 |
| | Absent | Present | Absent | Present | Absent | Present | |
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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): | Sampler Signature: | Sampler Phone #: |
| Sampler Email: | Operator License # (if applicable): | |
| Relinquished By Sampler: | Date and Time: | Received By Courier (if applicable): |
| Relinquished By Courier: | Date and Time: | Received By Lab: |
| | Date and Time: | Date and Time: |