

# TCPH-NTRL Microbial Reporting Form

Date of Issue  
5/1/2024

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](http://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?  Yes  No  Actual Temp: \_\_\_\_\_ Corrected Temp: \_\_\_\_\_ Lab Comments

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

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

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: \_\_\_\_\_