TCEQ Microbial Reporting Form

TCEQ Form 10525
08/2017

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

Public Water System ID: (Must be 7 digits; include all zeros) TX 0 1 4 0 0 2 3

Public Water System Name: City of Harker Heights

County: Bell

Report Results To:

Name: City of Harker Heights

Address: 305 Miller's Crossing

City: Harker Heights

State: Texas Zip Code: 76548

Phone #: 254-953-5600 Other Contact: 254-702-4411 Mobile

Sampler Name (Print): Todd Maxon

Sampler Signature:

Operator License #: WD0007918

☐ Owner ☒ Operator Other:

BIO CHEM LAB, INC.
4751 Tokio Road. West, TX 76691-0356
P: 254.829.8001 F: 254.829.8013 C: 254.749.4320
E: customerservice@biochemlabtx.com

BCL Inc.

TCEQ Accreditation ID: T104704270

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

SHADED AREA FOR LABORATORY USE ONLY

Sample Iced? ☒ Yes ☐ No

Temperature (OBS/COR): 8.8 8.6 °C

THERMOMETER ID: IR1

Relinquished By (Sampler):		Date / Time: 9-17-22 6:28pm
Received By:		Date / Time: 9.17.22 6:28pm
Relinquished By:		Date / Time: 9.17.22 7:35 pm
Received By (Courier, if applicable):		Date / Time:
Relinquished By (Courier):		Date/ Time:
Received By (Lab):		Date / Time: 9.17.22 - 1935

Lab Comments:

Incubation / Analysis Period

	Date:	Time:	Analyst:
INITIAL	09.19.22	1940	SV
FINAL	09.18.22	1940	SV

Lab Approval: (INITIAL/DATE/TIME) 9/19/22 0950

Report to Client By: Email Date / Time: 9/19/22 0950

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 the samples were collected as indicated, and that the information submitted is accurate.

Sample Identification/Location Use Specific Address / Location Identified in Sample Siting Plan Raw Wells Use Source ID for Well Sampled Example: G1234567A	Sample Type: Select Only One Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Collection Information 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: SM 9223-IDEXX Colilert Chlorine √ Present / Absent Total Coliform Present / Absent E. coli Present / Absent	Laboratory Sample ID Number
1, 333 Indian Trail				✓		9	17	22	6:20 AM (PM)	☐		2.3 F (T)		☐ ☒ / ☐ ☒ / ☐ ☒	142223
									AM PM	☐		F T		☐ ☐ / ☐ ☐ / ☐ ☐	
									AM PM	☐		F T		☐ ☐ / ☐ ☐ / ☐ ☐	
									AM PM	☐		F T		☐ ☐ / ☐ ☐ / ☐ ☐	
									AM PM	☐		F T		☐ ☐ / ☐ ☐ / ☐ ☐	
									AM PM	☐		F T		☐ ☐ / ☐ ☐ / ☐ ☐	
									AM PM	☐		F T		☐ ☐ / ☐ ☐ / ☐ ☐	
									AM PM	☐		F T		☐ ☐ / ☐ ☐ / ☐ ☐	
									AM PM	☐		F T		☐ ☐ / ☐ ☐ / ☐ ☐	
									AM PM	☐		F T		☐ ☐ / ☐ ☐ / ☐ ☐	

* Special and Contruction samples are NOT FOR COMPLIANCE
Chlorine Check - Strip Check - Precision Labs

REJECTION CODES
Sample Unsuitable for Analysis

EH = Exceeded Hold Time, VO/EV = Volume: Insufficient/Excessive, CL/NC = Chlorine: Present/Residual not Recorded, ST = Silt / Turbidity
BR = Broken in Transit, FZ = Frozen Sample, LT = Leaked in Transit, LA = Lab Accident, IN = Insufficient Sample Information

BCL FORM 0917

Form Instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule

This form has been revised, customized slightly from the TCEQ form to meet typical project specific / quality system requirements of Bio Chem Lab, Inc.