# TCEQ Microbial Reporting Form (TCEQ-10525)

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

**Pollution Control Services**
1532 Universal City Blvd.
Universal City, TX 78148
Phone: (210) 340-0343
Email: Chuck@pcslab.net

**PCS LABORATORIES**

**TCEQ Laboratory ID:**
T104704361

## Water System Identification & Sample Collection Information (Please print or type the information)

**Public Water System ID:** (Must be 7 digits; include all zeros)  TX **1630014**

**Public Water System Name:** Hwy 90 WSC

**Report Results To:**
- Name: Hwy 90 WSC
- Address: P.O. Box 1419
- City: Castroville   State: TX   Zip Code: 78009
- Phone #: 210-559-7329   PWS Email:

### Laboratory Analysis

| Sample Iced? | Temperature (°C) | | | | Lab Comments |
|---|---|---|---|---|---|
| Yes ☒  No ☐ | Actual Temp: 17.3 | Corrected Temp: 17.7 | | | |

**Incubation Date and Time** | **Lab Rejected Code (LR) - Document Reason:**

| | | Analyst | |
|---|---|---|---|
| Start Date and Time: | 2/26/26 @ 1625 | Analyst: | BMW |
| End Date and Time: | 2/27/26 @ 1025 | Analyst: | BMW |

**Result Reporting and Approval**

| Laboratory Approval: | | Date: 2/27/26 | Time: 1298 |
|---|---|---|---|
| Reported to PWS By: | | Date: | Time: |

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

### Laboratory Analysis Results

**Test Method:** SM 9223 B

Analysis Results meet all accreditation requirements unless stated otherwise.

| Sample Identification/Location<br>Use sample site location/address identified in the system's RTCR Sample Siting Plan<br>Raw Wells: Use Well Source ID (Ex: G1234567A) | Routine (Distribution) | Repeat | Raw Well | Special* | Construction* | Date (MM/DD/YY) | Time Military Time (HHMM) | Free mg/L | Total mg/L | Replacement | Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement) | Rejection Code (if applicable) - Please Recollect | Chlorine Check Absent | Chlorine Check Present | Total Coliform Absent | Total Coliform Present | E. coli Absent | E. coli Present | Laboratory Sample ID Number |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 104 CR 4613 | ✓ | | | | | 2/26/26 | 10:48 | 1.01 | | ☐ | | | ✔ | ☐ | ✔ | ☐ | ✔ | ☐ | 835269 |
| | | | | | | | | | | ☐ | | | ✔ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | | | | | | | | | | ☐ | | | ✔ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | | | | | | | | | | ☐ | | | ✔ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | | | | | | | | | | ☐ | | | ✔ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | | | | | | | | | | ☐ | | | ✔ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | | | | | | | | | | ☐ | | | ✔ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | | | | | | | | | | ☐ | | | ✔ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | | | | | | | | | | ☐ | | | ✔ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | | | | | | | | | | ☐ | | | ✔ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| | | | | | | | | | | ☐ | | | ✔ | ☐ | ☐ | ☐ | ☐ | ☐ | |

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): | Steven Gilliam | Sampler Signature: | | Sampler Phone #: | |
|---|---|---|---|---|---|
| Sampler Email: | | | | Operator License # (if applicable): | |
| Relinquished By Sampler: | | Date and Time: 2/26/26 1600 | Received By Courier (if applicable): | | Date and Time: |
| Relinquished By Courier: | | Date and Time: | Received By Lab: | | Date and Time: 2 26 26 1600 |

# Pollution Control Services
## Sample Log-In Checklist

**PCS Sample No(s)** 835269     **COC No.** _____     835269

**Client/Company Name:** Steve Gillam     **Checklist Completed by:** JAA

### Sample Delivery to Lab Via:
Client Drop Off ✓    Commercial Carrier: Bus _____ UPS _____ Lone Star _____ FedEx _____ USPS _____
PCS Field Services: Collection/Pick Up _____ Other: _____

### Sample Kit/Coolers
Sample Kit/Cooler? Yes ✓ No _____    Sample Kit/Cooler: Intact? Yes ✓ No _____
Custody Seals on Sample Kit/Cooler: Not Present _____ If Present, Intact _____ Broken _____
Sample Containers Intact; Unbroken and Not Leaking? Yes ✓ No _____
Custody Seals on Sample Bottles: Not Present _____ If Present, Intact _____ Broken _____
COC Present with Shipment or Delivery or Completed at Drop Off? Yes ✓ No _____
Has COC sample date/time and other pertinent information been provided by client/sampler? Yes ✓ No: _____
Has COC been properly Signed when Received/Relinquished? Yes ✓ No _____
Does COC agree with Sample Bottle Information, Bottle Types, Preservation, etc.? Yes ✓ No _____
All Samples Received before Hold Time Expiration? Yes ✓ No _____
Sufficient Sample Volumes for Analysis Requested? Yes ✓ No _____
Zero Headspace in VOA Vial? Yes _____ No _____

### Sample Preservation:
**\* Cooling: Not Required _____ or Required** ✓
If cooling required, record temperature of submitted samples Observed/Corrected 17.3 / 17.7 °C
Is Ice Present in Sample Kit/Cooler? _____ Yes ✓ No _____ Samples received same day as collected? Yes ✓ No _____
Lab Thermometer Make and Serial Number: ennoLogic HDHC000015629 Other: _____

**Acid Preserved Sample - If present, is pH <2?** Yes _____ No _____ ** $H_2SO_4$ _____ $HNO_3$ _____ $H_3PO_4$ _____
Base Preserved Sample - If present, is pH >12? Yes _____ No _____ NaOH _____
Other Preservation: _____ If Present, Meets Requirements? Yes _____ No _____
Sample Preservations Checked by: _____ Date _____ Time _____
pH paper used to check sample preservation (PCS log #): _____ (HEM pH checked at analysis).
Samples Preserved/Adjusted by Lab: Lab # _____ Parameters Preserved _____ Preservative Used _____ Log # _____

_____ _____ _____
_____ _____ _____

Adjusted by Tech/Analyst: _____ Date : _____ Time: _____

### Client Notification/ Documentation for "No" Responses Above/ Discrepancies/ RevisionComments
Person Notified: _____ Contacted by: _____
Notified Date: _____ Time: _____
Method of Contact: At Drop Off: _____ Phone _____ Left Voice Mail _____ E-Mail _____ Fax _____
Unable to Contact _____ Authorized Laboratory to Proceed : _____ (Lab Director)
Regarding / Comments: _____

Actions taken to correct problems/discrepancies: _____

Receiving qualifier needed (*requires client notification above*) Temp. _____ Holding Time _____ Initails: _____
Receiving qualifier entered into LIMS at login _____ Initial/Date: _____
**Revision Comments:**