

# TCEQ Microbial Reporting Form (TCEQ-10525)

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 **1630014**

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

Name: **Hwy 90 Ranch WSC**

Address: **P.O. Box 1419**

City: **Castroville** State: **TX** Zip Code: **78009**

Phone #: **210 589-7329** PWS Email: **Dougill2413@yahoo.com**

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



Report Results To:

**Laboratory Analysis**

Sample Iced? Yes  No  Temperature (°C) Actual Temp: **17.8** Corrected Temp: **18.2** Lab Comments

Incubation Date and Time Start Date and Time: **3/26/16 09:14:45** Analyst: **NS** End Date and Time: **3/26/16 08:45** Analyst: **CB** Lab Rejected Code (LR) - Document Reason:

**Result Reporting and Approval**

Laboratory Approval: *[Signature]* Date: **3/27/16** Time: **13:30**

Reported to PWS By: Date: Time:

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

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	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		
Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)											
<b>#94</b>	✓					<b>3-26-16</b>	<b>9:14:45 AM</b>		<b>1.18</b>		

**Laboratory Analysis Results**

Rejection Code (if applicable) - Please Recollect:

Test Method: **SM 9223 B**

Chlorine Check	Total Coliform		E. coli	
	Absent	Present	Absent	Present
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number: **838503**

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): **Steve Gilliam** Sampler Signature: *[Signature]* Sampler Phone #: **210 589-7329**

Sampler Email: **Dougill2413@yahoo.com** Operator License # (if applicable): **WO 000 5472**

Relinquished By Sampler: *[Signature]* Date and Time: Received By Courier (if applicable): Date and Time:

Relinquished By Courier: Date and Time: Received By Lab: *[Signature]* Date and Time: **3-26-16 12:20**

# Pollution Control Services

## Sample Log-In Checklist

PCS Sample No(s) 838503, COC No. 838503

Client/Company Name: Hwy 90 Ranch W/Steve Gilliam Checklist Completed by: SA

### 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 7.8, 18.2 °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<sub>2</sub>SO<sub>4</sub>  HNO<sub>3</sub>  H<sub>3</sub>PO<sub>4</sub>   
**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  Initials:   
Receiving qualifier entered into LIMS at login Initial/Date:

Revision Comments: