Bill To: TCEQ/GBRA

MICROBIAL MONITORING FORM-GBRA #3019-D Rev. 13 Eff. 12-16-2015

GBRA REGIONAL LABORATORY

Guadalupe Blanco River Authority
Regional Laboratory
933 E. Court St.
Seguin, TX 78155
(830) 379-5822
(830) 379-7478 fax

TCEQ Lab ID: 48136

NELAP ACCREDITED TNI LABORATORY
NELAC Certificate #: T104704269-TX

Test results meet all requirements of NELAC unless stated otherwise.

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

Public Water System ID: (Must be 7 digits; include all zeros)	
Public Water System Name:	
County:	
Send Results To: Name:	
Address:	
City:	
State:	**Zip:** -
Phone #:	**Fax # :**
Email:	
Sampler Name:	
Sampler Contact # :	☐ Owner ☐ Operator ☐ Other: _____

LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE

Sample Iced? ☐ Yes ☐ No	**Tested By:**	**Date / Time Tested:**	
***Chlorine Residual?** ☐ Abs ☐ Pres	**Reported By:**	**Date / Time Reported:**	
Positive Result TCEQ Contacted	**Date / Time**	**Positive Result Customer Contacted**	Date / Time
Validation Signature & Date			
Report Approval Signature & Date:			

System Type : (√) ☐ Public ☐ Private ☐ Bottled/Vended ☐ Other_____

Water Source : (√) ☐ Groundwater ☐ Surface Water ☐ Groundwater with Surface Water Influence

Temp Gun GBRA # / Temp °C	Sample Identification/Location: Use Specific Address/Location; NOT SITE #; Raw Wells Use Source ID for Well Sampled Ex: G1234567A	Collected: Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type : (√): Routine	Repeat	Raw Well	Special	Construction	Replacement	Include Lab ID and Date of Originating Positive on all Repeat & Triggered Samples	Chlorine Residual: ☐ Free mg/L ☐ Total mg/L	Unsuitable Sample - Please Resubmit* Rejection Criteria #	Lab Results (Test Method: Colilert-18): Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
					am / pm	☐	☐	☐	☐	☐	☐				☐	☐	☐	☐	
					am / pm	☐	☐	☐	☐	☐	☐				☐	☐	☐	☐	
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TCEQ Form: 10525 5/2012

***Unsuitable Sample Analysis-**	1) Sample Too old. Analysis not initiated within 30 hours of collection	3) Excessive Chlorine Residual (>10 mg/L)	5) Form Incomplete / Date Discrepancy (Errors Circled)
Rejection Criteria # Definitions	2) Quantity insufficient for analysis (100mL required)	4) Heavy Silt/Turbidity Present	6) Other:

Sample Delivered:_____ date/time:_____ Sample Received:_____ date/time:_____

Sample Delivered:_____ date/time:_____ Sample Received:_____ date/time:_____

Sample Delivered:_____ date/time:_____ Sample Received:_____ date/time:_____