

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-colliform-rule

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

Public Water System ID: TX 1870034

Public Water System Name:

Causee Park Water Supply

Report Results To:

Name:

P.D. Perez 1988

Address:

Overlook

City:

TX

Zip Code:

72362

Phone #:

936-933-6343

PWS Email:

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

Sample Identification Location

Use sample site location/address identified in the system's RTRC Sample Siting Plan

Raw Wells: Use Well Source ID (Ex: G1234567A)

Routine (Distribution)
Repeat
Raw Well
Special *
Construction *

Sample Type (1 one)

Collected

Chlorine Residual

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

Test Method: SM 9223 B

Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

504201801

504201802

504201803

504201804

504201805

504201806

504201807

504201808

504201809

504201810

504201811

504201812

504201813

504201814

504201815

504201816

504201817

504201818

504201819

504201820

504201821

504201822

504201823

504201824

504201825

504201826

504201827

504201828



PO Box 1089
35 Eastex Lane
Coldspring, TX 77331
936-653-3249
www.eastexlabs.com

Laboratory Analysis

Lab Comments

Sample Iced?

Yes ☐ No ☒

Actual Temp:

20.8

Corrected Temp:

20.8

Incubation Date and Time

Start Date and Time:

11/23/25 10:30

End Date and Time:

11/24/25 10:00

Analyst:

415

Analyst:

415

Result Reporting and Approval

Laboratory Approval:

Reported to PWS By:

Signature

Date:

11/24/25

Time:

1500

Signature

Date:

11/24/25

Time:

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