Relinquished By Courier:	R	co.	Sam				Τ	4	T ,			R		U				Report	Results 1	Го:			(2			_
	Relinquished By Sampler:	Sampler Email:	Sampler Name (Print):		1			7	# 4	182	8/5	aw Wells: Use	systems	se sample site	Sample		Phone #:	City:	Address:	Name:		Public Water	Public Wate			
	Зу	T.	rint): JOUNTE	I acknowledge that sai		,			1	3 SPE	300344	Raw Wells: Use Well Source ID (Ex: G1234567A)	systems RICK sample string man	Use sample site location/address identified in the	Sample Identification/Location	* SAMPLES MARKED AS	853.986	alas	FO. B	Cane		Public Water System Name:	Public Water System ID: TX (Must be 7 digits; include all zeros)	Water System I	Form instruction	
			DUKE	mples were handled appro				7	*	>	X	Routin Repeat	e (Distribu		Sample Type (√ one)	SPECIAL OR CONSTRUCT	638	X O S	CX 182	fan /c	anyan		181	dentification & Sample Co	ons: www.tceg.texas.gov	TICECTIVE ROD
Date an	Date and Time:		Sampler \$	l acknowledge that samples were handled appropriately and all information is accurate. Falsification of this form or tamparing with water samples is			7775	38389:	3889;	8.8.8.	2-262 8:	Special Constru	uction * Date Mill	1	Vone) Collected	SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES	PWS Email:	State:	8	xx Wal	7 2 7	5	0034	Water System Identification & Sample Collection Information (Please print or type the information)	Form instructions: www.tceg.texas.gov/drinkingwater/microbial/revised-total-coliform-rule	OPTING FORM ()
Date and Time:	d Time:		Sampler Signature: Louis	accurate. Falsification of thi				18 1.21	10 1.25	500	53 0		tary Time Free Total mg/L mg/L		Chlorine Residual	UTINE OR REPEAT SAMPLE		Zip Code:		of Jags	CAIPIN OU)		nt or type the information)	ised-total-coliform-rule	エーランシ
Received By Lab:	Recei Courier (if		(W when	is form or tampering with wa								Replacement)	Collection (Repeat, TSM Raw	Info: Sample ID	Original Sample			73667		dy x	neh					_
	Received By Courier (if applicable):											Recollect Absent Present Absent Present	e) ode		Reported to PWS BY	aboratory Approval:		Start Date and Time: End Date and Time:		Yes No	Sample Iced?			ENVIRON	T	
		Operator License # (if applicable):	Sampler Phone #:	a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37.10)									Chlorine Check Total Coliform	1	Presh mx		000	SEL SECOLO	bation Date and Ti	Actual 24 8	Temperature (°C)		936-653-3 www.east	35 Eastex Lane Coldspring, TX		Eastex En
			536-83	or federal law. (Texas Penal					2 0 0			ant Absent Present	E. coli	Laboratory Analysis Results	and the		Result Reporting and Approval	Analyst: #15		Corrected 94.8	ıre (°C)	Laboratory Analysis	936-653-3249 www.eastexlabs.com	Lane g, TX 77331	PO Box 1089	vironmental Labs. Inc
Date and Time:	Date and Time:		3-6348	Code, Title 8, Chapter 37.10)				harmoloa	509106703	509106702	106901605	Laboratory Sample ID Number	Analysis Results meet all accreditation requirement unless stated otherwise.		Date: 3/3/6/2 Time:	Date: 93 Time:			Lab Rejected Code (LR) - Document Reaso		Lab Comments		TCEQ Laborat T104704275		NE	
			The same of the sa		3 3 3							Number	tation requirements wise.		e: 1500	8			Document Reason		ents		TCEQ Laboratory ID: T104704275	SORMON'	OSIN	Samuel B

MMF Coldspring Revision 4: 9/27/2023

Eastex Environmental Laboratory, Inc.



EASTEX ENVIRONMENTAL LABORATORY, INC.

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 25-0508 (936) 569-8879 * FAX (936) 569-8951
 www.eastexlabs.com

White Copy-Follows Samples Yellow Copy-Laboratory
Pink Copy-Client Copy

Relinquished By:	Relinquished By:	Dalian inhad D	. James	Relinquished By:											Work Order ID Sample ID	(anyon	Project Name:	Sampler's Signature:	Campion & Maine (pinit).	Compler's Name (print).		P.O. #:	Email:	Phone#:	Attn:		Address:	Company:	REPORT TO:
			I'm cause	1									,		Date	art							an a						
,	Receive	Hece	Emil				1						+	DW	Time Matr		Preservatives:	Type:	Container Size:	1	Matrix:	Cor G:	INSTRUCTIONS:	Phone#:	Attn:	- /	Address:	Company:	INVOICE TO:
A KING.	ed By and/or Chac	Heceived By:		Received By:			+		-	•			+	9	Matrix C or G						DW=Drinkin	C= Composite	SNC:						
1	Sain By				-				-			-	1		DO pH	Field Data	S=Sulfuric Acid Thiosulfate H	G= Glass T= T	6=125mL (4oz) 7=60mL (2 oz) 8=40m	0-1/0 Callon 0		te G= Grab			2				
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	Service Control						-						-		CI2 Flow	Data	C=Chilled S=Sulfuric Acid N=Nitric Acid ST=Sodium Thiosulfate H=HCL O= Other	G= Glass T= Teflon S= Sterile											
	7						-		-						Temp #		B=Base/Caustic		L Vial 9=Other	E00-1	SO=Soil/Sludge				•			Remarks:	
	Date 3	Date		Date			+						+	6 S	Size Type	Containers	ustic Z= Zn Acetate		ther	,	OT= Other							S	
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Commission and Commission of C		d: YES / NO	ed: YES / NO				<u> </u>								0	5	000	10	de	7)								