

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 1810034

(Must be 7 digits; include all zeros)

Public Water System Name: Canyon Park Water Supply

Name:

P.O. Box 1928

Address:

Crested

City:

State:

Zip Code:

Phone #:

PWS Email:

Report Results To:

* 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 RTCR Sample Siting Plan

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

Routine (Distribution)

Repeat

Raw Well

Special *

Construction *

Date (MM/DD/YY)

Time (HH:MM)

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

Date:

Time:

Lab Rejected Code (LR) - Document Reason:

Start Date and Time:

End Date and Time:

Incubation Date and Time

Temperature (°C)

Corrected Temp:

Analyst:

Analyst:

Result Reporting and Approval

Laboratory Approval:

Reported to PWS By:

Laboratory Analysis Results

Operator License # (if applicable):

Operator License # (if applicable):

Operator License # (if applicable):

Operator License # (if applicable):

Operator License # (if applicable):

Operator License # (if applicable):



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TCEQ Laboratory ID: T104704275

Laboratory Analysis

Lab Comments

Sample Iced?

Yes ☐ No ☒

Actual Temp:

74.8

Corrected Temp:

74.8

Incubation Date and Time

2/15/25

2/15/25

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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): Douville Dute

Sampler Signature: Douville Dute

Sampler Phone #: 936-933-6345

Operator License # (if applicable):

Operator License # (if applicable):

Operator License # (if applicable):

Sampler Email:

Sampler Signature:

Sampler Phone #:

Operator License # (if applicable):

Operator License # (if applicable):

Operator License # (if applicable):

Reinforced By Sampler:

Date and Time:

Date and Time:

Date and Time:

Date and Time:

Date and Time:

Reinforced By Courier:

Date and Time:

Date and Time:

Date and Time:

Date and Time:

Date and Time:

REPORT TO:

INVOICE TO:

www.eastexlabs.com

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