

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coll-form-rule
Water System Identification & Sample Collection Information (Please print or type the information)

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Coldspring, TX 77331
936-653-3249
www.eastexlabs.com



TCEQ Laboratory ID:
T104704275

Laboratory Analysis	
Sample ID#2	Temperature (°C)
	Lab Comments

Sample No.:		Temperature (°C)		Lab Rejected Code (LR) - Document Reason:	
Yes	☐	No	☒	Actual Temp:	23.0
Incubation Date and Time				Corrected Temp:	23.0
Start Date and Time:		3/6/25		17:20	Analyst:
End Date and Time:		3/6/25		1:50	Analyst:
Result Reporting and Approval					

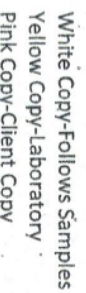
* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES				
Laboratory Approval:		Date:	5/20/25	Time:
				1:40

Sample Identification	location	Sample Type (✓ one)	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Collected	Date (MM/DD/YYYY)	Time Military Time (HHMM)	Free mg/L	Total mg/L	Chlorine Residual	Replacement	Original Sample Info: Sample ID and Date of Collection (Repeal, TSM Raw Well, Replacement)	Reported to PWS By: [Signature]	Date: 5/20/25	Time: 1502
Laboratory Analysis Results																		
		Test Method: SM 9223 B										Analysis Results meet all accreditation requirements unless stated otherwise.						
		Rejection Code (if applicable) - Please Recollect																
		Chlorine Check		Total Coliform		E. coli												
		Absent / Present		Absent / Present		Absent / Present												
								Laboratory Sample ID Number										

[illegible]

Sampler Name (Print):	DAVIDE DUKE
Sampler Signature:	
Sampler Phone #:	936-933-6345

Sampler Email:			Operator License # (if applicable):	
Relinquished By Sampler:	Date and Time:	Received By Courier (if applicable):		Date and Time:
Relinquished By Courier:	Date and Time:	Received By Lab:		Date and Time:



REPORT TO:

INVOICE TO:

Company:

Address:

Attn:

Phone#:

Email:

P.O. #:

Sampler's Name (print):

Sampler's Signature:

Project Name:

Company:

Address:

Attn:

Phone#:

INSTRUCTIONS:

C or G:
Matrix:
Container Size:
Type:
Preservatives:

C = Composite G = Grab
DW = Drinking Water WW = Wastewater SO = Soil/Sludge QT = Other
1 = Gallon 2 = 1/2 Gallon 3 = Quart/Liter 4 = 500mL 5 = 250mL
6 = 125mL (4oz) 7 = 60mL (2 oz) 8 = 40mL Vial 9 = Other
P = Plastic G = Glass T = Teflon S = Sterile
C = Chilled S = Sulfuric Acid N = Nitric Acid B = Base/Cautic Z = Zn Acetate
ST = Sodium Thiosulfate H = HCL O = Other

Field Data

Containers

Work Order ID

Sample ID

Date

Time

Matrix

C or G

DO

pH

Cl2

Flow

Temp

#

Size

Type

Pres

Total Coliform

Relinquished By:

Relinquished By:

Received By:

Received By:

Date

Date

Time

Time

Received Iced: YES / NO

Received Iced: YES / NO

LAB USE ONLY

Sample Condition Acceptable:

YES / NO

Temp °C

*Therm ID

Logged In By:

Date

Time

Received Iced: YES / NO

Alternate Check In:

Date

Time

5/21/69