

# TCEQ Microbial Reporting Form (TCEQ-10525)

Form Instructions: [www.tceq.texas.gov/drinkingwater/microbial/revised-total-colliform-rule](http://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 1890034

Public Water System Name: Canyon Park Water Supply

Name: Canyon Park Water Supply

Address: P.O. Box 1928

City: Breckenridge

State: TX

Phone #: 936-933-6345

PWS Email:

Zip Code: 77322

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

Sample Identification/Location	Sample Type (N one)	Routine (Distribution)				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)
		Routine	Repeat	Raw Well	Special *						
G1810034A	X					3-19-25	11:08	0	0		
G1820034E	X					3-19-25	11:19	0	0		
#1	X					3-19-25	11:30	1.26	0		
#2	X					3-19-25	11:43	1.19	0		

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): DOMIE SUKE Sampler Signature: Domie Suke

Sampler Email: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Relinquished By Sampler: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Relinquished By Courier: \_\_\_\_\_ Date and Time: \_\_\_\_\_



Eastex Environmental Labs, Inc.  
 PO Box 1089  
 35 Eastex Lane  
 Coltspring, TX 77331  
 936-653-3249  
 www.eastexlabs.com




TCEQ Laboratory ID: T104704275

Sample Used?  Yes  No

Actual Temp: 23.0 Corrected Temp: 23.0

Incubation Date and Time: \_\_\_\_\_

Start Date and Time: 3/19/25 Analyst: IDB

End Date and Time: 3/20/25 Analyst: IDB

Lab Rejected Code (LR) - Document Reason: \_\_\_\_\_

Laboratory Approval: [Signature] Date: 3/20/25 Time: 1:00

Reported to PWS By: [Signature] Date: 3/20/25 Time: 5:00

Laboratory Analysis Results

Retention Code (if applicable) - Please Recollect	Test Method: SM 9223 B				E. coli	Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check	Total Coliform	Present	Absent		
	<input checked="" type="checkbox"/>	512176901				
	<input checked="" type="checkbox"/>	512176902				
	<input checked="" type="checkbox"/>	512176903				
	<input checked="" type="checkbox"/>	512176904				

Received By: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Courier (if applicable): \_\_\_\_\_ Date and Time: \_\_\_\_\_

Received By Lab: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Operator License # (if applicable): \_\_\_\_\_

Sampler Phone #: 936-933-6345

Date and Time: \_\_\_\_\_