TCEQ Microbial Reporting Form (TCEQ-10525)

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

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

Public Water System ID: (Must be 7 digits; include all zeros)	TX 1870034
Public Water System Name:	Canyon Park WSC

Report Results To:

Name:	Canyon Park WSC				
Address:	P.O. Box 1928				
City:	Ovalaska	State:	Tx.	Zip Code:	77362
Phone #:	936-933-6345	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 RTCR Sample Siting Plan. Raw Wells: Use Well Source ID (Ex: G1234567A))	Sample Type (√ one): Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Collected: Date (MM/DD/YY)	Time (Military Time (HHMM))	Chlorine Residual: Free mg/L	Total mg/L	Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
Water Office (Boil Water)				√		04-09-25	14:00	0.71		☐	
										☐	
										☐	
										☐	
										☐	
										☐	
										☐	
										☐	
										☐	
										☐	

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

ENTERED

SCANNED

TCEQ Laboratory ID: T104704275

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes ☐ No ☑	Actual Temp: 24.4	Corrected Temp: 24.4	

Incubation Date and Time				Lab Rejected Code (LR) - Document Reason:
Start Date and Time:	4/9/25 1600	Analyst:		
End Date and Time:	4/10/25 1040	Analyst:		

Result Reporting and Approval

Laboratory Approval:		Date: 4/10/25	Time: 1300
Reported to PWS By:		Date: 4/10/25	Time: 1500

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: Absent	Chlorine Check: Present	Total Coliform: Absent	Total Coliform: Present	*E. coli*: Absent	*E. coli*: Present	Laboratory Sample ID Number
	☑	☐	☑	☐	☑	☐	515209901
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	

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):	Donnie Duke	Sampler Signature:	Donnie Duke	Sampler Phone #:	936-933-6345
Sampler Email:	ddukeh20@gmail.com			Operator License # (if applicable):	WG 0005033

Relinquished By Sampler:	Donnie Duke	Date and Time:		Received By Courier (if applicable):		Date and Time:	
Relinquished By Courier:		Date and Time:		Received By Lab:		Date and Time:	