Sampler Name (Print): Report Results To: Relinquished By Courier: 338 Sequoid Lane 61870034 A 174 Al appara 61870034E Raw Wells: Use Well Source ID (Ex: G1234567A) Relinquished By Sampler Email: (Must be 7 digits; include all zeros) Use sample site location/address identified in the Public Water System Name: Phone #: Name: system's RTCR Sample Siting Plan Sample Identification/Location 4560463529 Unalaska \* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES P.O. BOX 1928 l 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) Marino YSA taylor 1: 1: +: es a ancil. con Form instructions: www.tceq.texas.gov/drinkingwater/microbia/revised-total-coliform-rule Water System Identification & Sample Collection Information (Please print or type the information) TCEQ Microbial Reporting Form (TCEQ-10525) Canyon Park ¥ Taylor Park × × 1870034 Routine (Distribution) Sample Type (v one) X × PWS Email 1 stay 10/ Utilities a gmail com State: Special \* Construction \* 10/5/25/1025 14/5/25/1020 2.4 6/5/25/0945 195/25 0940 (MM/DD/YY) Collected Water Supply Sampler Signature: Date and Time Date and Time: Military Time (HHMM) Insidne B S. Chlorine Residual mg/L Zip Code: mg/L Replacement 7360 Well, Replacement (Repeat, TSM Raw Original Sample Info: Sample ID and Date of Collection ( php. Courier (if applicable): Received By Lab: Received By (if applicable) -Rejection Code Start Date and Time: Yes Reported to PWS By: aboratory Approval: End Date and Time: Sample Iced? \<u>8</u> Test Method: SM 9223 B Absent Chlorine Check ASTEX Actual Temp: Operator License # Sampler Phone #: ncubation Date and Time Absent Total Coliform 222 PO Box 1089 Coldspring, TX 77331 936-653-3249 www.eastexfabs.com Eastex Environmental Labs, Inc Present 936-438-3783 Result Reporting and Approva Corrected Temp: aboratory Analysis Result W60019226 Analyst: Analyst: Laboratory Analysis E coli Present 523293103 523293104 523293102 525293101 Date and Time: Analysis Results meet all accreditation requirements Date and Time Lab Rejected Code (LR) - Document Reason: Laboratory Sample ID Number unless stated otherwise. Lab Comments T104704275 TCEQ Laboratory ID: 1800

Relinquished By: Relinquished By: Sampler's Signature: Sampler's Name (print): P.O. #: Phone#: Attn: Alternate Check In: Work Order ID Project Name: Address: Company: Relinquished By: Email: AB USE ONLY Sample ID Sample Condition Acceptable: Date Type: Attn: Container Size: 1=Gallon 2=1/2 Gallon 3=Quart/Liter 4=500mL 5=250mL Phone#: Company: Preservatives: Matrix: Cor G: INSTRUCTIONS: Address: Time Matrix C or G Date Received By and/or Che Received By: Received By: DW C=Chilled S=Sulfuric Acid N=Nitric Acid B=Base/Caustic Z= Zn Acetate ST=Sodium Thiosulfate H=HCL O= Other DW=Drinking Water WW=Wastewater SO=SolVSludge OT= Other P= Plastic G= Glass T= Teflon S= Sterile 6=125mL (4oz) 7=60mL (2 oz) 8= 40mL Vial 9=Other C= Composite G= Grab 9 DO lime Field Data 말 CI2 Flow Temp Remarks: Therm ID Logged in By: Date Date Size Type Pres Containers S S TS رز، [] Time ANALYSIS REQUESTED Time Time Total Coliform 523293 Received Iced: Received Iced: Received Iced: YES THO YES / NO YES / NO Time

REPORT TO:

INVOICE TO:

P.O. Box 1089 \* Coldspring, TX 77331

EASTEX ENVIRONMENTAL LABORATORY, INC.

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