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 WSS				
Address:	P.O. Box 1928				
City:	Onalaska	State:	Tx	Zip Code:	77360
Phone #:	936-438-3783	PWS Email:	jtaylorutilities@gmail.com		

* 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)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
536 Sequoia Ln	✓					09/09/25	7:20	2.53		☐	
483 Huckleberry	✓					09/09/25	7:15	1.71		☐	
G1870034A			✓			09/09/25	7AM	ø		☐	
G1870034E			✓			09/09/25	7:05	ø		☐	
										☐	
										☐	
										☐	
										☐	
										☐	
										☐	

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):	Josh Taylor	Sampler Signature:	
Sampler Email:	jtaylorutilities@gmail.com	Sampler Phone #:	936-438-3783
		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:	

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

TCEQ Laboratory ID: T104704275

Laboratory Analysis

Sample Iced?	Temperature (°C)			Lab Comments
Yes ☐ No ☑	Actual Temp: 25.8	Corrected Temp: 25.8		

Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 9/9/25 1340	Analyst: DD		
End Date and Time: 9/10/25 810	Analyst: DD		

Result Reporting and Approval

Laboratory Approval:		Date: 9/10/25	Time: 1200
Reported to PWS By:		Date: 9/10/25	Time: 1500

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: SM 9223 B						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	Laboratory Sample ID Number
	☑	☐	☑	☐	☑	☐	531127301
	☑	☐	☑	☐	☑	☐	531127302
	☑	☐	☑	☐	☑	☐	531127303
	☑	☐	☑	☐	☑	☐	531127304
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	☐	

EASTEX ENVIRONMENTAL LABORATORY, INC.

P.O. Box 1089 * Coldspring, TX 77331 (936) 653-3249 * (800) 525-0508
P.O. Box 631375 * Nacogdoches, TX 75963-1375 (936) 569-8879 * FAX (936) 569-8951
www.eastexlabs.com

White Copy-Follows Samples
Yellow Copy-Laboratory
Pink Copy-Client Copy

REPORT TO:

Company: Cranyon Park MUSC
Address:
Attn:
Phone#:
Email:
P.O. #:
Sampler's Name (print):
Sampler's Signature:
Project Name:

INVOICE TO:

Company:
Address:
Attn:
Phone#:

Remarks:

INSTRUCTIONS:

C or G: C= Composite G= Grab
Matrix: DW=Drinking Water WW=Wastewater SO=Soil/Sludge OT= Other
Container Size: 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
Type: P= Plastic G= Glass T= Teflon S= Sterile
Preservatives: C=Chilled S=Sulfuric Acid N=Nitric Acid B=Base/Caustic Z= Zn Acetate ST=Sodium Thiosulfate H=HCL O= Other

Work Order ID	Sample ID	Date	Time	Matrix	Field Data: C or G	DO	pH	Cl2	Flow	Temp	Containers: #	Size	Type	Pres	ANALYSIS REQUESTED: Total Coliform	
				DW	G						4	6	S	ST	X	

Relinquished By: Received By: Date 9/9/25 Time
Received Iced: YES / NO

Relinquished By: Received By: Date Time
Received Iced: YES / NO

Relinquished By: Received By and/or Checked In By: Date 9/9/25 Time 810
Received Iced: YES / NO

LAB USE ONLY Sample Condition Acceptable: YES / NO Temp °C 25.8 *Therm ID 18 Logged In By: Date Time
Alternate Check In: Date Time

*Thermometer has 0.0 factor and recorded temperature is actual temperature