TCEQ Microbial Reporting Form (TCEQ-10525)  Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule										EAS	TE		x Environt		I Labs, I	nc		AND ACCE	9				
Water System Identification & Sample Collection Information (Please print or type the information)  Public Water System ID: (Must be 7 digits; include all zeros)  TX  1870634										Coldspring, TX 77331 936-653-3249 TCEQ Labora													
^										www.eastexlabs.com 1104/042/5  Laboratory Analysis													
Public Water System Name:	Yor	١	Pa	4	<u>(</u>	MSC						Sample Iced	Sample Iced? Temperature (°C)								Lab Comments		
	ark													tual	2/0	383000	rected	01/	2				
Address: P.O. Box 1928  City: Onclaska State: Tx											Tes No	Yes No Actual Corrected Temp: Corrected Temp: Lab Rejected Co								ode (LR) - Docur	ment Reason:		
City: Onclaska State:				tx	Zip Code: 77360					Start Date and T	Start Date and Time:												
Phone # 021 1/20 2700			700000000000000000000000000000000000000										End Date and Time: 111/2/25 929 Analyst: 111										
Phone # 936-438-3783 PWS Email: 5 to					O'S AND THE PERSON NAMED IN COLUMN PARTY.	yloratilities@gmail.com								- N	Resul	Reporti	ng and A			-51-1	1		
* SAMPLES MARKED AS SPEC Sample Identification/Location	1			-			USED AS ROUTINE OR REPEAT SAMPLES  Collected Chlorine Residual						oval:	17	0		$\leq$		2	Date: 1///2/	7 Time:	1500	
					3,00					Original Sample Info: Sample ID	ole	7	Laboratory Analysis					11/10/00					
system's RTCR Sample Siting Plan	(Distribution)				* (	Date	Time Military Time	Free	Total	1	and Date of Collection	Delegation Code	Test Met	thod: SI	M 9223 B				An	Analysis Results meet all accreditation requiremen			
Day Malla Has Wall Course ID (F., 040045074)		at	Well	" le	Construction	(MM/DD/YY)	(HHMM)	mg/L	mg/L	асеше	(Repeat, TSM I Well, Replacem	Raw (if applicable) -	Chlorir	ne Check	liform	E	. coli		unless stated otherwise.				
Raw Wells: Use Well Source ID (Ex: G1234567A)	Routine	Repeat	Raw Well	Special *	Cons					Replac	Well, Neplacen	Recollect	Absent	Present	Absent	Present	Absent	Preser	nt	Laborator	y Sample ID Num	ber	
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l acknowledge that samples	wara ba	and/o	d ann	-	otobi	and all informs	tion is secure	la Falaifias	tion of th	L in for	m os tomposina	with water complex is	a arima	_	under state		-		s Panal (	Codo Titlo 9 Chr	ntor 27 10)		
	were na	nule	и арр	ropri	ately			29.07	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	is iofi	or tampering	with water samples is	s a crime i			205					pter 31.10j		
Sampler Name (Print): Josh Taylor			S	Sampler Signature:						Sampler Pi			2.7551	136	7-4	38-	3783						
Sampler Email: jtay lor wt	ilig	Lip	56	<b>)</b> (	m	ail.c	am		/	_					tor License a						_		
Relinquished By Sampler:				`	,		Date and Time:					Received By urier (if applicable):							1	Date and Time:			
Relinquished By Courier:						Date and Time:					Received By Lab:							ı	Date and Time:				



## 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

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

www.eastexlabs.com

REPORT TO:			INVOI	CE TO:																					
Company: Canyon Park WSC				Company:																					
Address:				Address:											ANALYSIS REQUESTED										
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Attn:				Attn:											SRE			1							
Phone#:				Phone#:							1														
Email:				INSTRUCTIONS:								1													
P.O. #:				C or G: C= Composite G= Grab  Matrix: DW=Drinking Water WW=Wastewater S																			6		
					DW=Drinking Water WW=Wastewater SO								her				П					to	9		
Sampler's Name (print):				Container Size: 1=Gallon 2=1/2 Gallon 3=Quart/Liter 6=125mL (4oz) 7=60mL (2 oz) 8=40mL																		10	8		
Sampler's Signature:			Type:		P= Plast	lastic G= Glass T= Teflon S= Sterile				÷					ε	E						to			
Davis at N			Preservatives: C=Chilled S=Sulfuric Acid N=Nitric Acid																			7			
Project Name:					ST=Sodium Thiosulfate H=HCL O= Other Field Data							Containers				Coliform						10			
Work Order ID	Sample ID	Date	Time	Motrix	C or G	DO	рН	T	Elow	Temp	#		Туре		Total							12	]		
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