

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				
Name:	Canyon Park WSC			
Address:	P.O. Box 1928			
City:	Odessa	State:	TX	Zip Code: 77360
Phone #:	936-438-3783	PWS Email:	jtaylorutl:1:ties@gmail.com	

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

Sample Identification/Location	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		
Use sample site location/address identified in the system's RTRC Sample Siting Plan											
Raw Wells: Use Well Source ID (Ex: G1234567A)											
G1870034 A			✓			11/11/25	7:45	0		☐	
G1870034 E			✓			11/11/25	7:48	0		☐	
174 Alabama	✓					11/11/25	8:00	3.01		☐	
338 Sequoia	✓					11/11/25	8:10	3.11		☐	
										☐	
										☐	
										☐	
										☐	
										☐	
										☐	
										☐	
										☐	
										☐	
										☐	
										☐	
										☐	
										☐	



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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	Actual Temp: 21.9	Corrected Temp: 21.9	
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 11/11/25 1505	Analyst: JHS		
End Date and Time: 11/12/25 925	Analyst: JHS		
Result Reporting and Approval			
Laboratory Approval:	Date: 11/12/25 Time: 1300		
Reported to PWS By:	Date: 11/12/25 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		Laboratory Sample ID Number
	Absent Present	Absent Present	Absent Present	Absent Present		
	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	5461252-01
	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	5461252-02
	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	5461252-03
	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	5461252-04
	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	
	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	
	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	
	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	
	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	
	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	
	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	
	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	
	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	
	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	

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: [Signature]	Sampler Phone #: 936-438-3783
Sampler Email: jtaylorutl:1:ties@gmail.com	Operator License # (if applicable):	
Relinquished By Sampler:	Date and Time:	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab:

