



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

Public Water System Name:

Report Results To:

Name:

Address:

City:

State:

Zip Code:

Phone #:

PWS Email:

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



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

ddd

TCEQ Laboratory ID:
T104704275

Laboratory Analysis

Sample Iced? Temperature (°C) Lab Comments

Yes

No

Actual Temp:

Corrected Temp:

Incubation Date and Time

Lab Rejected Code (LR) - Document Reason:

Start Date and Time:

Analyst:

End Date and Time:

Analyst:

Result Reporting and Approval

Laboratory Approval:

Date:

Time:

Reported to PWS By:

Date:

Time:

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect

Test Method: SM 9223 B

Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Absent

Present

Absent

Present

Absent

Present

Laboratory Sample ID Number

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)											

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):	Sampler Signature:	Sampler Phone #:
Sampler Email:	Operator License # (if applicable):	
Relinquished By Sampler:	Date and Time:	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab:
	Date and Time:	Date and Time: