

# TCEQ Microbial Reporting Form

TCEQ Form 10525

Rev. 11 / 2016

Eastex Environmental Lab, Inc.  
 1119 S. University Drive  
 Nacogdoches, TX 75961  
 Phone: 936-569-8879  
 Fax: 936-569-8951  
 www.eastexlabs.com



## Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID:  
(Must be 7 digits; include all zeros)

TX

Public Water System Name:

County:

TCEQ Lab ID: TX00962

TCEQ Accreditation ID:

Test Results must meet all accreditation / certification requirements unless stated otherwise.

**T104704316**

### SHADED AREA FOR LABORATORY USE ONLY

Report Results To:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Sample Iced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relinquished By (Sampler):	Date / Time:
	Received By (Courier, if applicable):	Date / Time:
Temperature _____ °C Corrected Temp	Relinquished By (Courier):	Date / Time:
	Received By (Lab):	Date / Time:

Lab Comments:

Sampler Name (Print): \_\_\_\_\_ License #: \_\_\_\_\_  
 Tested By: \_\_\_\_\_ Date / Time: \_\_\_\_\_

Sampler Signature: \_\_\_\_\_  
 Owner  Operator Other: \_\_\_\_\_  
 Report to Client By: \_\_\_\_\_ Date / Time: \_\_\_\_\_

*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) By signing this form, the sampler acknowledges that the samples were collected as indicated, and that the information submitted is accurate.*

Sample Identification/Location		Collected			Sample Type : (v)					Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual	Rejection Code (if applicable) - Please Resubmit	Lab Results				Laboratory Sample ID Number	
Use Specific Address / Location <i>DO NOT USE SITE #</i>		Date	Time		Distribution	Repeat	Raw Well	Special *	Construction *				Test Method: SM 9223 B	Total Coliform		E. coli		
Raw Wells Use Source ID for Well Sampled Example: G1234567A		Month	Day	Year										Please circle AM or PM	Present	Absent		Present
<input type="checkbox"/>												F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>												T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>												F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>												T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>												F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>												T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>												F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>												T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>												F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>												T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>												F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>												T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

\* Special and Construction samples are NOT FOR COMPLIANCE

Lab Rejected (LR) - Document Reason: