



TCEQ		MICROBIAL MONITORING FORM										Eastex Environmental Lab, Inc. PO Box 1089 35 Eastex Lane Coldspring, Texas 77331 Phone: 936-653-3249 Fax: 936-653-3172 www.eastexlabs.com		 EASTEX ENVIRONMENTAL LABORATORY, INC.		 TCEQ Certificate Available on website <small>Test results meet all accreditation/certification requirements unless stated otherwise</small>			
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)																			
Public Water System ID: <small>(Must be 7 digits, include all zeros)</small>																			
Public Water System Name:																			
County:																			
Send Results To:	Name:																		
	Address:																		
	City:																		
	State:	Zip:																	
Phone #:		Fax #:																	
Sampler Name:																			
Sampler Contact #:				Owner	Operator	Other _____													
System Type: (✓ Check only one box)				Water Source: (✓ Check only one box)															
<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Bottled/Vended	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Surface Water															
<input type="checkbox"/> Other _____	<input type="checkbox"/> Groundwater with Surface Water Influence																		
Sample Identification/Location			Collected			Sample Type: (✓ Check only one box)					Chlorine Residual		Unsuitable Sample - Please Resubmit within 24 hours*		Lab Results <small>Note: All test results relate only to the samples as received.</small> Test Method: SM 9223B				Laboratory Sample ID Number
Use Specific Address/Location (NOT SITE #) <small>Raw Wells Use Source ID for Well Sampled Example: G1234567A</small>			Date	Time		Distribution	Construction	Raw Well	Special	Repeat	Free mg/L	Total mg/L	Rejection Criteria #	Total Coliform					
Month	Day	Year	Please circle AM or PM											Present	Absent	Present	Absent		
					am	pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					am	pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					am	pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					am	pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					am	pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					am	pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					am	pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					am	pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					am	pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TCEQ Form 10525 05/2012		"Unsuitable Sample Analysis- Rejection Criteria # Definitions		1) Sample too old. Exceeded hold time				3) Excessive chlorine present in sample				5) Form Incomplete / Date Discrepancy (Errors Circled)							
				2) Insufficient volume				4) Heavy silt/turbidity present				6) Other:							