

**TCEQ MICROBIAL MONITORING FORM**

**Public/Private Water System Identification & Sample Collection Information (Please type or use block print)**

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

**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)

Public     Private     Bottled/Vended     Groundwater     Surface Water  
 Other \_\_\_\_\_     Groundwater with Surface Water Influence

**Sample Identification/Location**      **Collected**      **Sample Type:** (✓ Check only one box)

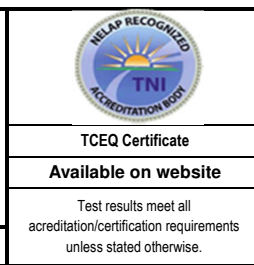
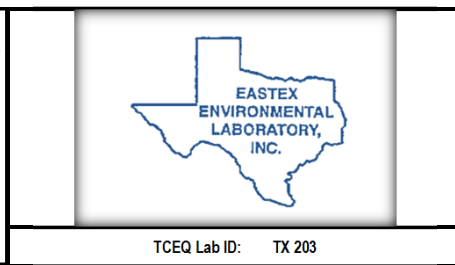
**Use Specific Address/Location**      Date      Time      Include Lab ID of Originating Positive on all Repeat Samples

( NOT SITE # )      Month    Day    Year      Please circle AM or PM      Distribution    Construction    Raw Well    Special    Repeat

**Raw Wells Use Source ID for Well Sampled**  
Example : G1234567A

am	pm	Distribution	Construction	Raw Well	Special	Repeat	Include Lab ID of Originating Positive on all Repeat Samples
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Eastex Environmental Lab, Inc.  
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 35 Eastex Lane  
 Coldspring, Texas 77331  
  
 Phone : 936-653-3249  
 Fax : 936-653-3172  
 www.eastexlabs.com



**LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE**

**Sample Iced?**      **Received By:**      **Date / Time Received:**  
 Yes    No  
**If no, temperature receipt?**      **Tested By:**      **Date / Time Tested:**  
 °C      **Reported By:**      **Date / Time Reported:**

**Report Approval Signature/Title:**

**Approving Technical Director:**     Kathleen Harrott     Daniel Bowen     Technical Director     QA Officer    **Date of Approval**

**Chlorine Residual**      **Unsuitable Sample - Please Resubmit within 24hrs\***      **Lab Results**

Free mg/L      Rejection Criteria #      Note: All test results relate only to the samples as received.

Total mg/L      **Test Method: SM 9223B**

**Total Coliform**      **E. coli**

Present	Absent	Present	Absent	Laboratory Sample ID Number
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TCEQ Form: 10525 05/2012      \*Unsuitable Sample Analysis-      1) Sample too old. Exceeded hold time.      3) Excessive chlorine present in sample.      5) Form Incomplete / Date Discrepancy (Errors Circled)  
 Rejection Criteria # Definitions      2) Insufficient volume      4) Heavy silt/turbidity present.      6) Other: