

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: TX
(Must be 7 digits; include all zeros)

Public Water System Name:

County:

Report Results To:

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

TCEQ Lab ID: TX00962
TCEQ Accreditation ID: T104704316
Test Results must meet all accreditation / certification requirements unless stated otherwise.

SHADED AREA FOR LABORATORY USE ONLY

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

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 : (✓)					Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual Circle "F" for Free, "T" for Total. (mg/L)	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:	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		Absent
<input type="checkbox"/>					am	<input type="checkbox"/>			F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>					pm	<input type="checkbox"/>			T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>					am	<input type="checkbox"/>			F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>					pm	<input type="checkbox"/>			T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>					am	<input type="checkbox"/>			F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>					pm	<input type="checkbox"/>			T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>					am	<input type="checkbox"/>			F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>					pm	<input type="checkbox"/>			T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>					am	<input type="checkbox"/>			F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>					pm	<input type="checkbox"/>			T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>					am	<input type="checkbox"/>			F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>					pm	<input type="checkbox"/>			T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>					am	<input type="checkbox"/>			F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>					pm	<input type="checkbox"/>			T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

* Special and Contruction samples are NOT FOR COMPLIANCE Lab Rejected (LR) - Document Reason: