

TCEQ Microbial Reporting Form

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>		TX		
Public Water System Name:				
County:				
Report Results To:	Name:			
	Address:			
	City:			
	State:	Zip Code:	--	
	Phone #:	Fax #:		
Sampler Name (Print):		Signature:		
Operator License #:		<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	Other:



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 35 Eastex Lane
 Coldspring, Tx 77331
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Test Results must meet all accreditation / certification requirements unless stated otherwise.

TCEQ Lab ID:
TX203

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:
Thermometer has 0.0 factor and recorded temp is actual temperature			
Lab Comments:		Incubation Date & Time	
		Begin Date	End Date
Tested by:		Time:	Time:
Lab Approval 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 according to the systems established sample collection procedures, and that all information is accurate.

Sample Identification/Location	Collected			Sample Type : (✓)					Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Replacement	Chlorine Residual	Rejection Code <small>Please Resample original site within 24 hours</small>	Lab Results						Laboratory Sample ID Number
													Note: All test results relate only to the samples as received						
	Month	Day	Year	Routine	Repeat	Raw Well	Special *	Construction *					Test Method: SM 9223B		Chlorine ✓		Total Coliform		
			Please circle AM or PM								Absent	Present	Absent	Present	Absent	Present			
Use Specific Address / Location identified in Sample Siting Plan Raw Wells Use Source ID for Well Sampled (Example: G1234567A)																			
				am	<input type="checkbox"/>														
			pm	<input type="checkbox"/>															
			am	<input type="checkbox"/>															
			pm	<input type="checkbox"/>															
			am	<input type="checkbox"/>															
			pm	<input type="checkbox"/>															
			am	<input type="checkbox"/>															
			pm	<input type="checkbox"/>															
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			pm	<input type="checkbox"/>															
			am	<input type="checkbox"/>															
			pm	<input type="checkbox"/>															
			am	<input type="checkbox"/>															
			pm	<input type="checkbox"/>															

Form Instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule * Special and Construction samples are NOT FOR COMPLIANCE Lab Rejected (LR) - Document Reason: