

# TCEQ Microbial Reporting Form

TCEQ Form 10525

08/2017

City of Kerrville Laboratory  
 1000 Thompson Drive  
 Kerrville, TX 78028  
 Phone: 830-257-4230

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

Public Water System ID: TX TX0820016  
(Must be 7 digits; include all zeros)

Public Water System Name: DERBY NWS

County: FRIO

TCEQ Laboratory ID:

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

T10404312

**SHADED AREA FOR LABORATORY USE ONLY**

Report Results To:

Name: NEW WATER SYSTEMS

Address: 333 CYPRESS RUN STE 146

City: HOUSTON

State: TX

Zip Code: 77094

Phone #: (713) 882-3165

Other Contact: office@newwatersystem.com

Sample Iced?  
 Yes  No

Relinquished By (Sampler):

Date / Time:

Received By (Courier, if applicable):

Date / Time:

Temperature

12.4 °C  
 Corrected Temp  
 11.9

Relinquished By (Courier):

Date / Time:

Received By (Lab):

Date / Time:

Lab Comments:

Incubation Date & Time

Begin

End

Tested By:

Date: 11/30/23

Date: 12-1-23

Time: 1545

Time: 1550

Laboratory Approval:

Date: 12-5-23

Time: 1347

Report to Client By:

Date:

Time:

Sampler Name (Print):

CHRIS MATOS

Signature:

Operator License #: WG001856

Owner

Operator

Other:

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 samples were collected according to the systems established sample collection procedures, and that all information is accurate.

Sample Identification/Location	Sample Type: (√ one)					Collected			Replacement	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							
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Month	Day	Year					Please circle AM or PM	Test Method: SM 9223	Chlorine √		Total Coliform		E. Coli	
TANK SITE	✓					11	30	23	8:00	am	1.40		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Cl2: 2177  
 Coli: 2181  
 B-COMD 2186  
 VESULT 182  
 Laboratory Sample ID Number  
 B1123-125

Form instructions: [www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule](http://www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule)

\* Special and Contraction samples are NOT FOR COMPLIANCE

Lab Rejected Code (LR) - Document Reason: