

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 TX1330178
(Must be 7 digits; include all zeros)

Public Water System Name: FALL BRANCH NWS

County: KERR

TCEQ Laboratory ID: T104704312

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

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

Sampler Name (Print): CHRIS MARTIN Signature: *[Signature]*

Operator License #: WG001856 Owner Operator Other:

Sample Iced? Yes No
Relinquished By (Sample): *[Signature]* Date / Time: 11/30/23 @ 1525
Received By (Courier, if applicable):
Temperature: 11.6 °C
Corrected Temp: 12.1
Relinquished By (Courier):
Received By (Lab): *[Signature]* Date / Time: 11/30/23 @ 1525
Lab Comments: *[Signature]*
Incubation Date & Time:
Begin: Date: 11/30/23 Time: 1545
End: Date: 12-1-23 Time: 1500
Tested By: *[Signature]*
Laboratory Approval: *[Signature]* Date: 12-5-23 Time: 1347
Report to Client By: *[Signature]* 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 samples were collected according to the systems established sample collection procedures, and that all information is accurate.

Sample Identification/Location	Sample Type: (V one)					Collected				Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual	Rejection Code (if applicable) - Please Resubmit	Lab Results						
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time				Test Method: SM 9223	Chlorine v		Total Coliform		E. Coli	
						Month	Day	Year						Absent	Present	Absent	Present	Absent	Present
TANK SITE	✓					11	30	23	6:08	am	1.35			✓	□	✓	□	✓	□
										pm				□	□	□	□	□	□
										am				□	□	□	□	□	□
										pm				□	□	□	□	□	□
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Cl2 = 277
Coliform 2181
B. Comp 2186
E. Coli 2182
Laboratory Sample ID Number: 131123-126