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<b>TCEQ Microbial Reporting Form</b>										TCEQ Form 10525 08/2017		City of Kerrville Laboratory 1000 Thompson Drive Kerrville, TX 78028 Phone: 830-257-4230						TCEQ Laboratory ID: <b>T104704312</b>																	
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		TX0150156																													
Public Water System Name:				OAK HILL NWS																															
County:				BEXAR																															
Report Results To:	Name:				NEW WATER SYSTEMS										Sample Iced? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Relinquished By (Sampler): 		Date / Time: 11/30/23 @ 1525																
	Address:				333 CYPRESS RUN STE 146										Temperature		Relinquished By (Courier):		Date / Time:																
	City:				HOUSTON										16.3 °C		Received By (Courier):		Date / Time:																
	State:				TX		Zip Code:		77094								Corrected Temp		Received By (Lab): 		Date / Time: 11/30/23 @ 1525														
	Phone #:				(713) 882-3165				Other Contact:		office@newwatersystem.com								Lab Comments:		Incubation Date & Time														
	Sampler Name (Print):				CHRIS MARTIN				Signature:										Tested By: GJ		Date: 11/30/23 Time: 1545		Date: 12.1.23 Time: 1500												
	Operator License #:				WG001856				<input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Other:										Laboratory Approval: Daniel Begett		Date: 12-5-23 Time: 1348		Report to Client By: Date: Time:												
<small>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.</small>														Chlorine Residual		Rejection Code (if applicable) - Please Resubmit		Lab Results						Cl2: 2.77 Collet 2181 B. comp 2180 vessls 282 <b>Laboratory Sample ID Number</b> B1123-127											
Sample Identification/Location				Sample Type: (✓ one)				Collected				Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)						Circle "F" for Free, "T" for Total. (mg/L)		Test Method: SM 923		Chlorine ✓				Total Coliform		E. Coli							
Use Specific Address / Location identified in Sample Siting Plan				Routine (Distribution)		Repeat		Raw Well		Special *				Construction *		Date								Time						Replacement		Absent		Present	
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)														Month		Day		Year		Please circle AM or PM															
TANK SITE				✓										11		30		23		7:00		am		1.48		F		□		□		□		□	
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