

TCEQ Microbial Reporting Form

TCEQ Form 10525

08/2017

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

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

TCEQ Laboratory ID:

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

1104704312

Public Water System ID: TX 1650077
(Must be 7 digits; include all zeros)

Public Water System Name: SOUTH MIDLAND NWS

County: MIDLAND

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): *[Signature]* Date / Time: 11/30/23 @ 1525

Received By (Courier, if applicable): Date / Time:

Temperature: 12.1 °C

Corrected Temp: 11.6 °C

Relinquished By (Courier): Date / Time:

Received By (Lab): *[Signature]* Date / Time: 11/30/23 @ 1525

Lab Comments:

Incubation Date & Time

Begin	End
Date: 11/30/23 Time: 1545	Date: 12.1.23 Time: 1500

Tested By: *[Signature]* Date: 12-5-23 Time: 1343

Laboratory Approval: *[Signature]* Date: Time:

Report to Client By: Date: Time:

Sampler Name (Print): CHRIS MARTIN

Signature: *[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.

Chlorine Residual	Rejection Code (if applicable) - Please Resubmit	Lab Results						Cl ₂ : 277 Coliform: 2181 B. Comp: 2180 Vibrios: 2182 Laboratory Sample ID Number B1123-122
		Test Method: SM 9223		Chlorine		E. Coli		
		Absent	Present	Absent	Present	Absent	Present	
1.40		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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Sample Identification/Location	Sample Type: (None)					Collected			Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Replacement	
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date		Time			
						Month	Day	Year			Please circle AM or PM
TANK SITE	<input checked="" type="checkbox"/>					11	30	3	11:15	pm	
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