

TCEQ Microbial Reporting Form

TCEQ Form 10525
08/2017

R & C Joy Inc. 281 858 5988



19020 W. Little York Rd
Katy TX, 77449 TCEQ Lab ID: 01572

SAN ANTONIO
TESTING LABORATORY



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

Public Water System ID: TX 1330177
(Must be 7 digits; include all zeros)

Public Water System Name: **SOLAR VILLAGE NWS**

County: **KERR**

Name: **NEW WATER SYSTEMS INC.**

Address: **PO BOX 317**

City: **BARKER**

State: **TX** Zip Code: **77413**

Phone #: **713-817-7080** Other Contact: **office@newwatersystem.com**

Sampler Name (Print): **CHRISTOPHER MARTIN**

Signature: *[Signature]*

Operator License #: **WG0018569**
 Owner Operator Other:

I/We hereby certify that the samples were collected according to the systems established sample collection procedures, and that all information is accurate.

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

TCEQ Laboratory ID:

T104704360

SHADED AREA FOR LABORATORY USE ONLY

T104704372

Sample Iced? Yes No
Relinquished By (Sampler): *[Signature]* Date / Time: **12/29/23 4:40pm**

Temperature: **BBB 18.3 °C**
Relinquished By (Courier): Date / Time:

Corrected Temp: **NA** Received By (Lab): *[Signature]* Date / Time: **12/29/23 1640**

Lab Comments: **BBB**
Tested By: *[Signature]*
Incubation Date & Time:
Begin: Date: **12/29/23** End: Date: **12/31/23**
Time: **1745** Time: **1108**

Laboratory Approval: *[Signature]* Date: **1/9/24** Time: **1025**

Report to Client By: *[Signature]* Date: **JAN 09 2024** Time: **1032**

Sample Identification/Location See Specific Address / Location identified in Sample Siting Plan	Sample Type: (None)					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						Laboratory Sample ID Number		
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Month	Day	Year					Please circle AM or PM	Test Method:	Chlorine		Total Coliform			E. Coli	
TANK SITE	<input checked="" type="checkbox"/>					12	29	23	7:38		1.35		Sm923-1DEX Colisure Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D23-6036
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Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule * Special and Construction samples are NOT FOR COMPLIANCE Lab Rejected Code (LR) - Document Reason: