



San Antonio Metropolitan Health District
 Drinking Water Bacteriology Laboratory
 2303 SE Military Dr., Bldg 533, RM 1081
 San Antonio, TX 78223
 Phone: 210-207-8887 FAX: 210-207-2159

TCEQ Form 10525
 08/2017

TCEQ Microbial Reporting Form

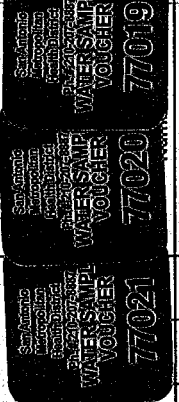
Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: TX 0820010
 Public Water System Name: Derby I NG
 County: Frio
 Name: New Water Enterprises
 Address: 333 Cypress Run Ste 140
 City: Houston
 State: Texas
 Zip Code: 77094
 Phone #: -713 367 1077
 Other Contact:
 Signature: Donathen Kirchgater
 Owner Operator Other

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

SHADED AREA FOR LABORATORY USE ONLY

Sample Iced? Yes No
 Relinquished By (Sampler): Donathen Kirchgater
 Received By (Courier, if applicable):
 Relinquished By (Courier):
 Received By (Lab):
 Lab Comments:
 Corrected Temp: 14.6 °C
 Date / Time: 10-11-22 1:08
 Date / Time:
 Date / Time:
 Date / Time:
 Incubation Date & Time
 Begin
 End
 Date: 10-1-22
 Time: 1:22
 Date:
 Date:
 Report to Client By:
 Laboratory Approval:
 Date:



Use Specific Address / Location identified in Sample Siting Plan	Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Sample Type : (1 one)				Collected		Date	Time	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 Result	
		Routine (Distribution)	Repeat	Raw Well	Special	Construction	Test Method: Chlorine						Total Coliform	
Tank site		<input checked="" type="checkbox"/>					10/11/22	9:30 am		2.31		<input type="checkbox"/> Absent <input type="checkbox"/> Present	<input type="checkbox"/> Absent <input type="checkbox"/> Present	
256 CR 4402		<input checked="" type="checkbox"/>					10/11/22	9:45 am		1.92		<input type="checkbox"/> Absent <input type="checkbox"/> Present	<input type="checkbox"/> Absent <input type="checkbox"/> Present	
411 CR 3420		<input checked="" type="checkbox"/>					10/11/22	10:00 am		1.70		<input type="checkbox"/> Absent <input type="checkbox"/> Present	<input type="checkbox"/> Absent <input type="checkbox"/> Present	
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