

April 21, 2023

Chris Martin

New Water
333 Cyprus Run Ste 146
Houston, TX 77094

SATL Report No.: 2304249

RE: State - Oak Hill Acres

Project Number: 0150156

Dear Chris Martin

SATL received 1 Sample(s) on 04/18/2023 for analyses identified on the chain of custody. The analyses were performed using methods indicated on the laboratory report. Any deviations observed at sample receiving are notated on the Sample Receipt Checklist and/or Chain of Custody documents attached as part of this analytical report.

Sincerely,

For San Antonio Testing Laboratory, Inc.



Richard Hawk,
General Manager

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

New Water
333 Cyprus Run Ste 146
Houston TX, 77094

Project Manager: Chris Martin
Project: State - Oak Hill Acres
Project Number: 0150156

Reported:
04/21/23 17:01
Received:
04/18/23 13:45

Additional Notes:

Report No. 2304249

SAMPLE SUMMARY

Total Samples received in this work order: 1

The following samples were requested for analysis as per the CoC. Any re-runs or re-analyses requested are identified as such.

<u>Sample ID</u>	<u>Laboratory ID</u>	<u>Matrix</u>	<u>Sampling Method</u>	<u>Date Sampled</u>	<u>Date Received</u>
Tank Site	2304249-01	Drinking Water	Grab	04/18/23 10:33	04/18/23 13:45

Notes

All quality control samples and checks are within acceptance limits unless otherwise indicated.
Test results pertain only to those items tested.
All samples were in good condition when received by the laboratory unless otherwise noted.



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Sample ID #: Tank Site

Sampling Method: Grab

Lab Sample ID #: 2304249-01

Sample Matrix: Drinking Water

Date/Time Collected: 04/18/23 10:33

Analyte	Result	Units	PQL	Prep Method	Batch	Analyzed	Method	Analyst	Notes
Microbiological Parameters									
Total Coliforms *	Absent	-		Start 04/18/23 15:10/End 04/19/23 15:16			Colilert	SG	
E. Coli *	Absent	-		Start 04/18/23 15:10/End 04/19/23 15:16			Colilert	SG	
Field Parameters									
Residual Chlorine	1.20	mg/L							

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DEFINITIONS

*	TNI / NELAC accredited analyte
PQL	Practical Quantitation Limit
MCL	Maximum Contaminant Level
mg/Kg	Milligrams per Kilogram (Parts per Million)
mg/L	Milligrams per Liter (Parts per Million)
PPM	Parts per Million
L	LCS recovery is outside QC acceptance limits, the results may have a slight bias.
M	MS recovery is outside QC limits, the results may have a slight bias due to possible matrix interferences.
NR	Not Recovered due to source sample concentration exceeds spiked concentration.
RMCCCL	Recommended Maximum Concentration of Contaminants Level
Surr L	Surrogate recovery is low outside QC limits.
Surr H	Surrogate recovery is high outside QC limits.
HT	Sample received past holdtime
IC	Improper Container for this analyte(s)
IP	Improper preservation for this analyte(s)
IT	Improper Temperature
V	Inssufficient Volume
B	Sample collected in Bulk
S	RPD is outside QC limits.
AB	VOA Vial contained air bubbles.
OP	ortho-Phosphate was not filtered in the field within 15minutes of collection.
CCV	Continuing Calibration Verification Standard.
ICV	Initial Calibration Verification Standard.

Test Methods followed by the laboratory are referenced in the following approved methodology, unless otherwise specified.

Standard Methods for the Examination of Water and Wastewater, 23rd Edition, 2017
Methods for Chemical Analysis of Water and Wastes, EPA 600/4-79-020, Rev. March 1983
EPA SW Test Methods for the Examination of Solid Waste, SW-846, 1996



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Aimee Landon For Sairam Abburu, Lab Director For

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Richard Hawk, General Manager

TCEQ Microbial Reporting Form

TCEQ Form 10525
08/2017

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

Public Water System ID: **TX 0150156**

Public Water System Name: **OAK HILL**

County: **DEXAR**

Name: **CHRIS MARTIN NEW WATON**

Address: **333 CYPRESS RVD 576 146**

City: **HOUSTON**

State: **TX** Zip Code: **77094**

Phone #: **713 882 3165** Other Contact:

Signature: *[Signature]*

Operator License #: **WG 0018569** Owner Operator Other:

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

Report Results To:

SHADED AREA FOR LABORATORY USE ONLY

Relinquished By (Sampler): *[Signature]* Date / Time: **4/18/23 1:45**

Received By (Courier, if applicable): *[Signature]* Date / Time: **4/18/23 1:45**

Relinquished By (Courier): *[Signature]* Date / Time: **4/18/23 1:45**

Received By (Lab): *[Signature]* Date / Time: **APR 18 2023 13:45**

Lab Components: **NOPE collected**

Tested By: **SC**

Incubation Date & Time: **APR 18 2023 13:45**

Begin Date: **4/18/23** End Date: **4/18/23**

Time: **15:00** Time: **15:00**

Laboratory Approval: **SC** Date: **4/21/23** Time: **12:29**

Report to Client By: **SC** Date: **4/21/23** Time: **12:29**



TCEQ Laboratory ID: **T104704360**

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

Chlorine Residual	Rejection Code (if applicable) - Please Resubmit	Lab Results				Laboratory Sample ID Number
		Test Method:		Total Coliform		
		Chlorine	E. Coli	Absent	Present	
Circle "F" for Free, "T" for Total. (mg/L)		Absent	Present	Absent	Present	
1.20		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20424901
F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
T		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
T		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
T		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
T		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
T		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
T		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
T		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
T		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
T		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Instructions: www.tceq.texas.gov/drinkingwater/microbial/reviced-total-coliform-rule * Special and Construction samples are NOT FOR COMPLIANCE

Sample Receipt Checklist

Client: New Water	Project Manager: Sairam Abburu
Project: State - Oak Hill Acres	Project Number: 0150156

Report To:

Chris Martin

SATL Report Number: 2304249

Work Order Due by:	04/21/23 17:00 (3 day TAT)
Received By:	Aimee Landon
Logged In By:	Aimee Landon
Date Received:	04/18/23 13:45
Date Logged In:	04/18/23 14:19

Sample(s) Received on ICE/evidence of Ice (cooler with melted ice,etc):	Yes
Sample temperature at receipt *:	10.6°C
Custody Seals Present:	No
All containers intact:	Yes
Sample labels/COC agree:	Yes
Samples Received within Holding time :	Yes
Samples appropriately preserved **:	Yes
Containers received broken/damaged/leaking:	No
Air bubbles present in VOA vials for VOC/TPH analyses, if applicable:	Not Applicable
TRRP 13 Reporting requested?	No
BacT Sample bottles filled to volume (100mL mark), if applicable:	Yes
LCR Sample bottles filled to volume (1 Liter mark), if applicable:	Not Applicable
Subcontracting required for any analyses:	No
RUSH turnaround time requested:	Yes
Requested Turnaround Time:	3 Business days
Samples delivered via :	Hand Delivered
Air bill included if Samples were shipped:	No
Other deviations not meeting SATL sample acceptance criteria notated on CoC:	Notated on CoC. if any

Notes:

* Samples delivered to the laboratory on the same day that they are collected may not meet thermal preservation criteria (>0°C but <6°C) but are acceptable, if they arrive on ice.

** If improperly preserved, notate client authorization on CoC to proceed with analysis.

Checked By : Aimee Landon

Date : 04/18/23 13:45

SATL#FO001
Revised 09/15/2022