

April 21, 2023

**Chris Martin**

New Water  
333 Cyprus Run Ste 146  
Houston, TX 77094

**SATL Report No.:** 2304250

**RE: State - Derby Ing**

**Project Number:** 0820016

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 - Derby Ing  
Project Number: 0820016

**Reported:**  
04/21/23 16:59  
**Received:**  
04/18/23 13:45

Additional Notes:

**Report No. 2304250**

**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	2304250-01	Drinking Water	Grab	04/18/23 09:14	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 #: 2304250-01**

**Sample Matrix: Drinking Water**

**Date/Time Collected: 04/18/23 09:14**

Analyte	Result	Units	PQL	Prep Method	Batch	Analyzed	Method	Analyst	Notes
<b>Microbiological Parameters</b>									
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	
<b>Field Parameters</b>									
Residual Chlorine	1.17	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 0220016

Public Water System Name: DERBY

County: Frio

Name: CHRIS MARTIN - New Water  
Address: 333 CYPRESS RUN STE 146  
City: HOUSTON  
State: TX  
Zip Code: 77094  
Phone #: 713 882 3165  
Other Contact:

Sampler Name (Print): CHRIS MARTIN  
Signature: 

Operator License #: W60018569

Operator:  Owner  Operator  Other

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

Sample Identification/Location  
Use Specific Address / Location identified in Sample Siting Plan  
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)  
TANK SITE

Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Sample Type: (one)			Collected		Rejection Code (if applicable) - Please Resubmit	Lab Results				Laboratory Sample ID Number							
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *		Date	Time	Chlorine	Total Coliform		E. Coli						
							Month	Day	Year	Please circle AM or PM		Present	Absent	Present	Absent	Present	Absent	
	X						4	18	239	14	am	<input checked="" type="checkbox"/>	<input type="checkbox"/>	230408001				
											pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
											pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* Special and Contruction samples are NOT FOR COMPLIANCE

Instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

0525 revised 8/2017



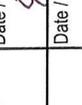
**SAN ANTONIO TESTING LABORATORY**

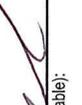
NEARLY ACCREDITED

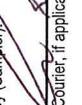
TCEQ Laboratory ID: T104704360

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

SHADED AREA FOR LABORATORY USE ONLY

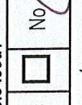
Relinquished By (Sampler):  Date / Time: 4/18/23 1:45

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

Relinquished By (Courier):  Date / Time: 4/18/23 1:45

Received By (Lab):  Date / Time: 4/18/23 1:45

Lab Comments: 10.6 Corrected Temp 10.10 C 10.6 #2 will today

Tested By:  Date: 4/21/23 12:29

Laboratory Approval:  Date: 4/21/23 12:29

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

Chlorine Residual	Rejection Code (if applicable) - Please Resubmit	Lab Results				Laboratory Sample ID Number
		Test Method	Chlorine	Total Coliform	E. Coli	
Circle "F" for Free, "T" for Total, (mg/L)		Absent	Present	Absent	Present	
1.7 F		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	230408001
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"/>	
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"/>	
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"/>	
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"/>	
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"/>	

Lab Rejected Code (LR) - Document Reason:

**Sample Receipt Checklist**

<b>Client:</b> New Water	<b>Project Manager:</b> Sairam Abburu
<b>Project:</b> State - Derby Ing	<b>Project Number:</b> 0820016

**Report To:**  
Chris Martin

**SATL Report Number:** 2304250

Work Order Due by:	04/21/23 17:00 (3 day TAT)	Date Received:	04/18/23 13:45
Received By:	Aimee Landon	Date Logged In:	04/18/23 14:20
Logged In By:	Aimee Landon		

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