

TCEQ Microbial Reporting Form

TCEQ Form 10525
08/2017

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

T104704312
TCEQ Laboratory ID:

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

Public Water System ID: TX 1650084
(Must be 7 digits; include all zeros)

Public Water System Name: WARREN NWS

County: MIDLAND

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

48147

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: 8/25/23 @ 12:00

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

Temperature: 22.8 °C
Relinquished By (Courier): Date / Time:

Corrected Temp: 23.0
Received By (Lab): *[Signature]* Date / Time: 8-24-23 @ 12:14

Lab Comments: Incubation Date & Time

Tested By: *[Signature]* Date: 8-24-23 Time: 12:34

Laboratory Approval: *[Signature]* Date: 8-30-23 Time: 13:38

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.

Sample Identification/Location Use Specific Address / Location identified in Sample Siting Plan Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Sample Type : (√ one)					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	Date							Time <i>Please circle AM or PM</i>	Test Method:		Chlorine √		Total Coliform		E. Coli		
						Month	Day	Year						Absent	Present	Absent	Present	Absent		Present		
TANK SITE	✓					8	28	23	2:15	am	1.70		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B0823 112			
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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: