



# TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: [www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule](http://www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule)

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1330178  
(Must be 7 digits; include all zeros)

Public Water System Name: FALL BRANCH NWS

Name: NEW WATER SYSTEMS INC

Address: PO BOX 317

City: BARKER

State: TX

Zip Code: 77413

Phone #: 281-606-5461

PWS Email: OFFICE@NEWWATERSYSTEM.COM

Report Results To:



**R&C JOY**

R&C Joy, Incorporated  
19020 W. Little York Rd.  
Katy, TX 77449  
rcjoy.net | 281-858-5988

Laboratory Analysis

Sample Used? ☒ Yes ☐ No

Actual Temp: 14.6

Corrected Temp: N/A

Incubation Date and Time: 11/27/24 14:50

Analyst: DP

End Date and Time: 11/28/24 15:22

Analyst: DP

Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: *[Signature]* NOV 29 2024

Reported to PWS By: *[Signature]* Date: 11/29/24

Laboratory Analysis Results

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number: D24-5088

TANK SITE

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11/26/24 1:30pm

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Rejection Code (if applicable) - Please Recollect

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Use sample site location/address identified in the system's RTCR Sample Siting Plan

Raw Wells: Use Well Source ID (Ex: G1234567A)

Sample Identification/Location

Sample Type (✓ one)

Collected

Chlorine Residual

Free mg/L

Total mg/L

Replacement

Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)

Date (MM/DD/YY)

Time (HH:MM)

Free mg/L

Total mg/L

Replacement

Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)

I acknowledge that samples were handled appropriately and all information is accurate. 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)

Sampler Name (Print): CHRISTOPHER MARTIN

Sampler Signature: *[Signature]*

Sampler Email: CHRIS@NEWWATERSYSTEM.COM

Relinquished By Sample: CHRISTOPHER MARTIN

Relinquished By Courier: \_\_\_\_\_

Sampler Phone #: 713-817-7080

Operator License # (if applicable): WG0018569

Received By: \_\_\_\_\_

Received By Lab: *[Signature]*

Date and Time: \_\_\_\_\_

Date and Time: 11/27/24 13:13

Date and Time: 11/27/24 13:13



TCEQ Laboratory ID: T104704372









# TCEQ Microbial Reporting Form (TCEQ-10525)

Form Instructions: [www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule](http://www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule)

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1011459

Public Water System Name: SELLERS ESTATES NWS

Name: NEW WATER SYSTEMS INC

Address: PO BOX 317

City: BARKER State: TX Zip Code: 77413

Phone #: 281-606-5461 PWS Email: OFFICE@NEWWATERSYSTEM.COM

\*SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location Sample Type (✓ one) Collected Chlorine Residual Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)

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5:30AM

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✓

11/27/24 1313

Received By Lab:

11/27/24 1313

11/27/24 1313

11/27/24 1313

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11/27/24 1313



R&C Joy, Incorporated  
19020 W. Little York Rd.  
Katy, TX 77449  
rcjoy.net | 281-858-5988



Laboratory Analysis

Sample Used?

Yes ☒ No ☐

Actual Temp: 14.0

Corrected Temp: N/A

Analyst: JPS

Analyst: JPS

Analyst: JPS

Analyst: JPS

Analyst: JPS

Analyst: JPS

Analyst: JPS

Analyst: JPS

Start Date and Time: 11/27/24 1450

End Date and Time: 11/28/24 1522

Analyst: JPS

Analyst: JPS

Analyst: JPS

Analyst: JPS

Analyst: JPS

Analyst: JPS

Analyst: JPS

Analyst: JPS

Analyst: JPS

Incubation Date and Time

11/27/24 1450

11/28/24 1522

Analyst: JPS

Analyst: JPS

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Analyst: JPS

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Analyst: JPS

Laboratory Approval:

Reported to PWS By: Heather S. Brown

Signature: [Signature]

Date: 11/29/2024

Time: 1600

Date: 11/29/2024

Time: 1515

Date: 11/29/2024

Time: 1515

Date: 11/29/2024

Time: 1515

Laboratory Reporting and Approval

Signature: [Signature]

Date: 11/29/2024

Time: 1600

Date: 11/29/2024

Time: 1515

Date: 11/29/2024

Time: 1515

Date: 11/29/2024

Time: 1515

Laboratory Analysis Results

Test Method:

Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

11/27/24 1313

11/27/24 1313

11/27/24 1313

11/27/24 1313

Rejection Code (if applicable) - Please Recheck

Absent

Present

Absent

Present

Absent

Present

Absent

Present

Absent

Present

Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

11/27/24 1313

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11/27/24 1313

Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

11/27/24 1313

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Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

11/27/24 1313

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Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

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Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

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Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

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Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

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Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

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Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

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Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

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Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

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Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

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Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

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Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

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Chlorine Check

Total Coliform

E. coli

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number

11/27/24 1313

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# TCEQ Microbial Reporting Form (TCEQ-10525)

Form Instructions: [www.tceq.texas.gov/drinkingwater/microbial/revised-total-colliform-rule](http://www.tceq.texas.gov/drinkingwater/microbial/revised-total-colliform-rule)

Water System Identification & Sample Collection Information (Please print or type the information)

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

Public Water System Name: SOLAR VILLAGE NWS

Name: NEW WATER SYSTEMS INC

Address: PO BOX 317

City: BARKER

State: TX

Zip Code: 77413

Phone #: 281-606-5461

PWS Email: OFFICE@NEWWATERSYSTEM.COM

Report Results To:



R&C Joy, Incorporated  
19020 W. Little York Rd.  
Katy, TX 77449  
rcjoy.net | 281-858-5988



Laboratory Analysis

Sample Used?

Yes ☒ No ☐

Temperature (°C)

Actual Temp: 14.2 Corrected Temp: N/A

Lab Comments

Start Date and Time: 11/27/24 1450

Analyst: AP

Lab Rejected Code (LR) - Document Reason:

End Date and Time: 11/28/24 1522

Analyst: AP

Laboratory Approval:

Reported to PWS By: [Signature]

Result Reporting and Approval Date: NOV 29 2024 Time: 1600

Test Method:

Chlorine Check

Analysis Results meet all accreditation requirements unless stated otherwise.

Rejection Code (if applicable) - Please Recollect

Chlorine Check

Laboratory Sample ID Number

Test Method:

Chlorine Check

Rejection Code (if applicable) - Please Recollect

Chlorine Check

Analysis Results meet all accreditation requirements unless stated otherwise.

Use sample site location/address identified in the system's RTCR Sample Siting Plan  
Raw Wells: Use Well Source ID (Ex: G1234567A)

Sample Type (✓ one)  
Routine (Distribution) ☒  
Repeat ☐  
Raw Well ☐  
Special \* ☐  
Construction \* ☐

TANK SITE

✓

Date (MM/DD/YY) 11/26/24

Time Military Time (HH-MM) 2:07pm

Free mg/L 1.3

Total mg/L

Replacement

Original Sample Info: Sample ID and Date of Collection (Repeat, TSM, Raw Well, Replacement)

Rejection Code (if applicable) - Please Recollect

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Date (MM/DD/YY) 11/26/24

Time Military Time (HH-MM) 2:07pm

Free mg/L 1.3

Total mg/L

Replacement

Original Sample Info: Sample ID and Date of Collection (Repeat, TSM, Raw Well, Replacement)

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Date (MM/DD/YY) 11/26/24

Time Military Time (HH-MM) 2:07pm

Free mg/L 1.3

Total mg/L

Replacement

Original Sample Info: Sample ID and Date of Collection (Repeat, TSM, Raw Well, Replacement)

Rejection Code (if applicable) - Please Recollect

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Date (MM/DD/YY) 11/26/24

Time Military Time (HH-MM) 2:07pm

Free mg/L 1.3

Total mg/L

Replacement

Original Sample Info: Sample ID and Date of Collection (Repeat, TSM, Raw Well, Replacement)

Rejection Code (if applicable) - Please Recollect

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Date (MM/DD/YY) 11/26/24

Time Military Time (HH-MM) 2:07pm

Free mg/L 1.3

Total mg/L

Replacement

Original Sample Info: Sample ID and Date of Collection (Repeat, TSM, Raw Well, Replacement)

Rejection Code (if applicable) - Please Recollect

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TANK SITE

✓

Date (MM/DD/YY) 11/26/24

Time Military Time (HH-MM) 2:07pm

Free mg/L 1.3

Total mg/L

Replacement

Original Sample Info: Sample ID and Date of Collection (Repeat, TSM, Raw Well, Replacement)

Rejection Code (if applicable) - Please Recollect

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Date (MM/DD/YY) 11/26/24

Time Military Time (HH-MM) 2:07pm

Free mg/L 1.3

Total mg/L

Replacement

Original Sample Info: Sample ID and Date of Collection (Repeat, TSM, Raw Well, Replacement)

Rejection Code (if applicable) - Please Recollect

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Date (MM/DD/YY) 11/26/24

Time Military Time (HH-MM) 2:07pm

Free mg/L 1.3

Total mg/L

Replacement

Original Sample Info: Sample ID and Date of Collection (Repeat, TSM, Raw Well, Replacement)

Rejection Code (if applicable) - Please Recollect

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TANK SITE

✓

Date (MM/DD/YY) 11/26/24

Time Military Time (HH-MM) 2:07pm

Free mg/L 1.3

Total mg/L

Replacement

Original Sample Info: Sample ID and Date of Collection (Repeat, TSM, Raw Well, Replacement)

Rejection Code (if applicable) - Please Recollect

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TANK SITE

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Date (MM/DD/YY) 11/26/24

Time Military Time (HH-MM) 2:07pm

Free mg/L 1.3

Total mg/L

Replacement

Original Sample Info: Sample ID and Date of Collection (Repeat, TSM, Raw Well, Replacement)

Rejection Code (if applicable) - Please Recollect

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Date (MM/DD/YY) 11/26/24

Time Military Time (HH-MM) 2:07pm

Free mg/L 1.3

Total mg/L

Replacement

Original Sample Info: Sample ID and Date of Collection (Repeat, TSM, Raw Well, Replacement)

Rejection Code (if applicable) - Please Recollect

Chlorine Check

Chlor



# TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: [www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule](http://www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule)

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1650077  
(Must be 7 digits; include all zeros)

Public Water System Name: SOUTH MIDLAND NWS

Name: NEW WATER SYSTEMS INC

Address: PO BOX 317

City: BARKER

State: TX

Zip Code: 77413

Phone #: 281-606-5461

PWS Email: OFFICE@NEWWATERSYSTEM.COM

Report Results To:



R&C Joy, Incorporated  
19020 W. Little York Rd.  
Katy, TX 77449  
rjoy.net | 281-858-5988



TCEQ Laboratory ID: T104704372

## Laboratory Analysis

Sample Load?		Temperature (°C)		Lab Comments	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Actual Temp: 14.7	Corrected Temp: 14.7		
		Incubation Date and Time: 11/27/24 1450			
		Start Date and Time: 11/28/24 1522			
		End Date and Time: 11/28/24 1522			
		Analyst: ALP			
		Lab Rejected Code (LR) - Document Reason:			

Laboratory Approval: *[Signature]* Date: 11/29/2024 Time: 1600

Reported to PWS By: *[Signature]* Date: 11/29/2024 Time: 1515

Result Reporting and Approval

Laboratory Analysis Results

Sample Identification Location	Sample Type (✓ one)	Collected	Chlorine Residual	Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)	Rejection Code (if applicable) - Please Recollect		Test Method:				Analysis Results: meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
						Chlorine Check	Total Coliform	E. coli					
TANK SITE	<input checked="" type="checkbox"/> Routine (Distribution)					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	<input type="checkbox"/> Repeat					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Raw Well					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Special *					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Construction *					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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I acknowledge that samples were handled appropriately and all information is accurate. 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)

Sampler Name (Print): CHRISTOPHER MARTIN	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 713-817-7080
Sampler Email: CHRIS@NEWWATERSYSTEM.COM	Operator License # (if applicable): WG0018569	

Relinquished By Sampler: CHRISTOPHER MARTIN	Date and Time: 11/27/24 1313	Received By: <i>[Signature]</i>	Date and Time: 11/27/24 1313
Relinquished By Courier:	Date and Time:	Received By Lab:	Date and Time:





