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	CHRISTOPHER MARTIN	CHRIS@NEWWATERSYSTEM.COM	Sampler Name (Print): CHRISTOPHER MARTIN	l acknowledge that samples were handled appropriately and all information is accurate. Falsification of this form or tampeting with water samples								計	Raw Wells: Use Well Source ID (Ex: G1234567A)	system's RTCR Sample Siting Plan	Use sample site location/address identified in the	Sample Identification/Location	* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES	281-606-5461	BARKER	PO BOX 317	1	MATED	Public Water System Name: OAK HILL NWS	Public Water System ID: (Must be 7 digits; include all zeros)  TX  O	Water System Identification & Sample Collection Information (Please print or type the information)	TCEQ Microbial Reporting Form (TCEQ-10525)  Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule
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## Report Results To: Relinquished By Courier: Sampler Name (Print): CHRISTOPHER MARTIN TANK SITE Relinquished By Sampler: (Must be 7 digits; include all zeros) Raw Wells: Use Well Source ID (Ex: G1234567A) Sampler Email: Use sample site location/address identified in the Public Water System Name: Public Water System ID: Phone #: Address: Name: system's RTCR Sample Siting Plan Sample Identification/Location 281-606-5461 **NEW WATER SYSTEMS INC** PO BOX 317 BARKER \* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES 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) CHRIS@NEWWATERSYSTEM.COM CHRISTOPHER MARTIN Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule Water System Identification & Sample Collection Information (Please print or type the information) TCEQ Microbial Reporting Form (TCEQ-10525) PLEASURE POINT NWS × 0030007 Routine (Distribution) Sample Type (√ one) Raw Well PWS Email: State: Special \* Construction \* OFFICE@NEWWATERSYSTEM.COM X (MM/DD/YY) 11/26/24 10:30 PM Collected Sampler Signature: Date and Time: Date and Time: Military Time (MMMM) Time Chlorine Residual mg/L Zip Code: 川たりたり Tota mg/L 77413 Replacement 17/3 Well, Replacement Original Sample Info: Sample ID and Date of (Repeat, TSM Raw Collection Courier (if applicable): Received By Lab: Received By (if applicable) Reported to PWS By: End Date and Time: 1/28/24 1522 Start Date and Time: Yes Rejection Code aboratory Approval: Recollect Sample Iced? 2 No Absent Test Method: Chlorine Check ANT 05h1 h2/12/11 Actual Temp: 00 Present Incubation Date and Time Operator License # (if applicable): Sampler Phone #: 15,0 Absent **Total Coliform** Temperature (°C) Present R&C Joy, Incorporated 19020 W. Little York Rd. rcjoy.net | 281-858-5988 Katy, TX 77449 Result Reporting and Approva Laboratory Analysis Results Corrected 713-817-7080 WG0018569 Analyst: Analyst: **Laboratory Analysis** Absent E. coli Present BR8 Analysis Results meet all accreditation requirements - h2d Date and Time: Date and Time: Lab Rejected Code (LR) - Document Reason: Laboratory Sample ID Number unless stated otherwise. 9 2024 Time 5090 Lab Comments TCEQ Laboratory ID: T104704372 h2/27/24 55 1313

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## Report Results To: Sampler Name (Print): TANK SITE (Must be 7 digits; include all zeros) Relinquished By Courier: Relinquished By Raw Wells: Use Well Source ID (Ex: G1234567A) Sampler Email: Use sample site location/address identified in the Public Water System Name: Sampler: Phone #: Name: Address: system's RTCR Sample Siting Plan Sample Identification/Location 281-606-5461 **NEW WATER SYSTEMS INC** PO BOX 317 BARKER SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES 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) CHRISTOPHER MARTIN CHRISTOPHER MARTIN CHRIS@NEWWATERSYSTEM.COM Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule Water System Identification & Sample Collection Information (Please print or type the information) TCEQ Microbial Reporting Form (TCEQ-10525) SOLAR VILLAGE NWS X 1330177 Routine (Distribution) Sample Type (√ one) Repeat Raw Well PWS Email: State: Special \* Construction \* 11/26/24 OFFICE@NEWWATERSYSTEM.COM X (MM/DD/YY) Collected Sampler Signature: 2:07pm Military Time (HHMM) Date and Time: Date and Time: mg/L Zip Code: Washi Tota mg/L 77413 Replacement 1313 (Repeat, TSM Raw Well, Replacement) Original Sample Info: Sample ID and Date of Collection Courier (if applicable): Received By Lab: Received By (if applicable) Yes Rejection Code End Date and Time: 11/28/24 1522 Start Date and Time: Reported to PWS By: .aboratory Approval: Recollect Please Sample iced? 2 No Absent Test Method: **Chlorine Check** 05h1 h2/22/, Actual Temp: Present 000 Incubation Date and Time Operator License # (if applicable): Sampler Phone #: 2,41 Absent **Total Coliform** Temperature (°C) Present rcjoy.net | 281-858-5988 Katy, TX 77449 19020 W. Little York Rd. R&C Joy, Incorporated esult Reporting and WG0018569 713-817-7080 Laboratory Analysis Results Corrected Analyst: Analyst: Laboratory Analysis Absent E. coli 20MG Z/Z Present BRB - 420 Analysis Results meet all accreditation requirements unless stated otherwise. Date and Time: Date and Time: Lab Rejected Code (LR) - Document Reason: Laboratory Sample ID Number 2605 2074me: Lab Comments 11/21/24 TCEQ Laboratory ID: T104704372 5151 1313 00

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## Report Results To: Sampler Name (Print): CHRISTOPHER MARTIN TANK SITE Refinquished By Sampler: Relinquished By Courier: (Must be 7 digits; include all zeros) Raw Wells: Use Well Source ID (Ex: G1234567A) Sampler Email: Use sample site location/address identified in the Public Water System Name: Public Water System ID: Phone #: Address: Name: City: system's RTCR Sample Siting Plan Sample Identification/Location 281-606-5461 PO BOX 317 **NEW WATER SYSTEMS INC** BARKER \* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES l 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) CHRIS@NEWWATERSYSTEM.COM CHRISTOPHER MARTIN Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule Water System Identification & Sample Collection Information (Please print or type the information) TCEQ Microbial Reporting Form (TCEQ-10525) SOUTH MIDLAND NWS X 1650077 Routine (Distribution) Sample Type (√ one) Repeat Raw Well PWS Email: State: Special \* Construction \* 11/26/24 (MM/DD/YY) OFFICE@NEWWATERSYSTEM.COM X Collected Sampler Signature: S: 30pm Date and Time: Date and Time: Military Time (MMHH) Chlorine Residual mg/L Zip Code: Halan Total mg/L 77413 Replacement 13/3 Well, Replacement (Repeat, TSM Raw Info: Sample ID and Date of **Original Sample** Collection Courier (if applicable): Received By Lab: Received By (if applicable) -Please Yes Reported to PWS By: \_aboratory Approval: Start Date and Time: Rejection Code End Date and Time: Recollect Sample Iced? No Test Method: Absent Chlorine Check 05h1 h2/22/11 2251 h2/82/11 Actual Temp: Present los the Incubation Date and Time Operator License # (if applicable): Sampler Phone #: バル Absent Total Coliform Temperature (°C) Present Katy, TX 77449 rcjoy.net | 281-858-5988 19020 W. Little York Rd. R&C Joy, Incorporated Result Reporting and Approval 713-817-7080 Laboratory Analysis Results WG0018569 Corrected Analyst: Analyst: Laboratory Analysis Absent N/A RBS あるら E. coli Present 25 Analysis Results meet all accreditation requirements 024-5093 Date and Time: Date and Time: Lab Rejected Code (LR) - Document Reason: Laboratory Sample ID Number unless stated otherwise. 202 Filme: Lab Comments 12/13 TCEQ Laboratory ID: T104704372 Time: 22 S151 2121

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## Sampler Name (Print): CHRISTOPHER MARTIN Report Results To: TANK SITE Relinquished By Courier: Relinquished By Sampler: Public Water System ID: (Must be 7 digits; include all zeros) Raw Wells: Use Well Source ID (Ex: G1234567A) Sampler Email: Use sample site location/address identified in the Public Water System Name: Phone #: Address: Name: system's RTCR Sample Siting Plan Sample Identification/Location 281-606-5461 **NEW WATER SYSTEMS INC** BARKER PO BOX 317 \* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES 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) CHRISTOPHER MARTIN CHRIS@NEWWATERSYSTEM.COM Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule Water System Identification & Sample Collection Information (Please print or type the information) TCEQ Microbial Reporting Form (TCEQ-10525) WARREN NWS X 1650084 Routine (Distribution) Sample Type (√ one) Repeat Raw Well PWS Email: State: Special \* Construction \* OFFICE@NEWWATERSYSTEM.COM 1/26/24 (MM/DD/YY) Collected Sampler Signature: Date and Time: Date and Time: Military Time 8.00AM (MMHH) Time Chlorine Residual 7.7 mg/L Zip Code: 11/27/24 mg/L Replacement 1313 (Repeat, TSM Raw Well, Replacement) Original Sample Info: Sample ID and Date of Collection Received By Courier (if applicable): Received By Lab: Start Date and Time: 11/27/24 1450 (if applicable) -End Date and Time: 11/28/24 1522 Reported to PWS BY: \_aboratory Approval: Yes Rejection Code Recollect Sample Iced? Please C No **Test Method:** Absent Chlorine Check < Actual Temp: reati Present Operator License # (if applicable): Incubation Date and Time Sampler Phone #: 2.41 Absent **Total Coliform** Temperature (°C) Present rcjoy.net | 281-858-5988 Katy, TX 77449 R&C Joy, Incorporated 19020 W. Little York Rd. Laboratory Analysis Results WG0018569 713-817-7080 Litt Reporting and Approv Analyst: Analyst: Temp: Laboratory Analysis Absent Lemon 7 E. coll 2/2 Present 2 888 Analysis Results meet all accreditation requirements - h20 Date and Time: Date and Time: Lab Rejected Code (LR) - Document Reason: Laboratory Sample ID Number 2 2024 Time: 5095 Lab Comments h2/22/11 TCEQ Laboratory ID: T104704372 Time: (313