

# 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 0820016  
(Must be 7 digits; include all zeros)

Public Water System Name: DERBY NWS

County: FRIO

Name: NEW WATER SYSTEMS INC.

Address: PO BOX 317

City: BARKER

State: TX Zip Code: 77413

Phone #: 713-817-7080 Other Contact: office@newwatersystem.com

Sampler Name (Print): CHRISTOPHER MARTIN

Signature: *[Signature]*

Operator License #: WG0018569

Owner  Operator  Other:

Under 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.

R&C Joy Inc

19020 W. Little York Rd. 281 858 5988  
Katy TX, 77449 TCEQ Lab Id: 101572



**SAN ANTONIO TESTING LABORATORY**



TCEQ Laboratory ID:

T104704360

T104704372

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

### SHADED AREA FOR LABORATORY USE ONLY

Sample Iced? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Relinquished By (Sampler): <i>[Signature]</i>	Date / Time: 12/29/23 4:40pm
Temperature: 15.6 °C	Received By (Courier, if applicable):	Date / Time:
Corrected Temp: NA	Relinquished By (Courier):	Date / Time:
Lab Comments:	Received By (Lab): <i>[Signature]</i>	Date / Time: 12/29/23 1640
Tested By: <i>[Signature]</i>	Incubation Date & Time	
Laboratory Approval: <i>[Signature]</i>	Begin: 12/29/23	End: 12/31/23
Report to Client By: <i>[Signature]</i>	Date: 1745	Time: 1108
	Date: JAN 05 2024	Time: 1032
	Date: JAN 05 2024	Time: 1430

Sample Identification/Location Use Specific Address / Location identified in Sample Siting Plan	Sample Type: (√ one)					Collected			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	Test Method: SM9223-1DPXX COUSURE TEST	Chlorine √		Total Coliform			E. Coli	
						Month	Day	Year						Absent	Present	Absent	Present		Absent	Present
TANK SITE	<input checked="" type="checkbox"/>					12	29	23	10:15	am	1.75		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	023-6033	
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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:



# TCEQ Microbial Reporting Form

TCEQ Form 10525  
08/2017

R&C Jay Inc 19020 W. Little York  
281 858 5988 Katy Texas 77449



**SAN ANTONIO TESTING LABORATORY**  
BO 2/1/24



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

Public Water System ID: TX 0820016  
(Must be 7 digits; Include all zeros)

Public Water System Name: **DERBY NWS**

County: **FRIO**


Name: **NEW WATER SYSTEMS INC.**

Address: **PO BOX 317**

City: **BARKER**

State: **TX** Zip Code: **77413**

Phone #: **281-626-5461** Other Contact: **office@newwatersystem.com**

Sampler Name (Print): **CHRISTOPHER MARTIN** Signature: 

Operator License #: **WG0018569**  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	Sample Type : (None)					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 *	Month	Day	Year					Please circle AM or PM	Test Method:	Chlorine $\checkmark$		Total Coliform		
TANK SITE	<input checked="" type="checkbox"/>					1	31	24	11:15	am	1.30		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	024-0463
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

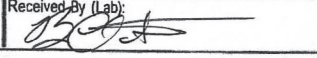
Test Results must meet all accreditation / certification requirements unless stated otherwise.

SHADED AREA FOR LABORATORY USE ONLY


Sample Iced?  Yes  No  
Relinquished By (Sampler):  Date / Time: 1/31/24 4:23pm

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

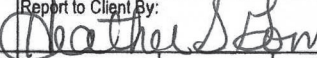
Temperature: 12.0 °C  
Relinquished By (Courier): Date / Time:

Corrected Temp: NA  
Received By (Lab):  Date / Time: 1/31/24 1623

Lab Comments: Incubation Date & Time

Tested By:  Date: 1/31/24 Time: 1754  
End Date: 2/1/24 Time: 1800

Laboratory Approval:  Date: 2/3/24 Time: 1240

Report to Client By:  Date: FEB 05 2024 Time: 1130

Form instructions: [www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule](http://www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule) \* Special and Construction samples are NOT FOR COMPLIANCE Lab Rejected Code (LR) - Document Reason:



# TCEQ Microbial Reporting Form (TCEQ-10525)

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

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

Public Water System ID: TX 0820016  
(Must be 7 digits; include all zeros)

Public Water System Name: DERBY NWS

Report Results To:

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		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
TANK SITE	✓					02/26/24	10:30 AM	1.80			



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



TCEQ Laboratory ID: T104704372

Laboratory Analysis					
Sample Iced?		Temperature (°C)			Lab Comments
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Actual Temp: 11.1	Corrected Temp: NA	B38	
Incubation Date and Time					Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 2/26/24 1715		Analyst: BO			
End Date and Time: 2/27/24 1746		Analyst: BO			

Result Reporting and Approval  
Laboratory Approval: *R. Stacey* Date: MAR 01 2024 Time: 1200  
Reported to PWS By: *Deborah S. Gomez* Date: MAR 01 2024 Time: 1323

Rejection Code (if applicable) - Please Recollect	Test Method:						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	✓		✓		✓		024-0894

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: *Chris Martin* Sampler Phone #: 713-817-7080  
Sampler Email: CHRIS@NEWWATERSYSTEM.COM Operator License # (if applicable): WG0018569  
Relinquished By Sampler: CHRISTOPHER MARTIN Date and Time: 2/26/24 350pm Received By Courier (if applicable): Date and Time:   
Relinquished By Courier: Date and Time: Received By Lab: *BO* Date and Time: 2/26/24 1550



# 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 0820016  
(Must be 7 digits; include all zeros)

Public Water System Name: DERBY 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		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
TANK SITE	<input checked="" type="checkbox"/>					3/28/24	9:00AM	1.83		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	



**R&C JOY**

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



TCEQ Laboratory ID: T104704372

Sample Iced?				Temperature (°C)		Lab Comments
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Actual Temp: 9.3	Corrected Temp: 8.8 NR	
Incubation Date and Time						Lab Rejected Code (LR) - Document Reason
Start Date and Time:	3/25/24	1747	Analyst:	BO		
End Date and Time:	3/29/24	1836	Analyst:	BO		

Result Reporting and Approval  
 Laboratory Approval: *[Signature]* Date: 4/8/24 Time: 1316  
 Reported to PWS By: *[Signature]* Date: APR 08 2024 Time: 1530

Rejection Code (if applicable) - Please Recollect	Test Method:						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laboratory Sample ID Number: P24-1373
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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)

CHRISTOPHER MARTIN  
 NEWWATERSYSTEM.COM  
 Sampler Signature: *[Signature]* Sampler Phone #: 713-817-7080  
 Operator License # (if applicable): WG0018569  
 Date and Time: 3/28/24 3:09 PM Received By Courier (if applicable):  
 Date and Time: Received By Lab: *[Signature]* Date and Time: 3/28/24 1500



# TCEQ Microbial Reporting Form (TCEQ-10525)

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

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

Public Water System ID: TX 0820016  
(Must be 7 digits; include all zeros)

Public Water System Name: DERBY NWS

Report Results To:

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		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
TANK SITE	<input checked="" type="checkbox"/>					4/29/24	9:15 AM	1.82		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	



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



TCEQ Laboratory ID: T104704372

### Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 10.4	Corrected Temp: N/A BBS	
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 4/29/24 1611	Analyst: [Signature]		
End Date and Time: 4/30/24 1634	Analyst: [Signature]		
Result Reporting and Approval			
Laboratory Approval: [Signature]	Date: MAY 02 2024	Time: 1636	
Reported to PWS By: [Signature]	Date: 5/2/24	Time: 1720	

### Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method:						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D24-1798
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 Phone #: 713-817-7080
Sampler Email: CHRIS@NEWWATERSYSTEM.COM	Operator License # (if applicable): WG0018569	
Relinquished By Sampler: CHRISTOPHER MARTIN	Date and Time: 4/29/24 3pm	Received By Courier (if applicable): [Signature]
Relinquished By Courier:	Date and Time:	Received By Lab: [Signature]
		Date and Time: 4/29/24 1500



# TCEQ Microbial Reporting Form (TCEQ-10525)

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

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

Public Water System ID: (Must be 7 digits; include all zeros) TX 0820016

Public Water System Name: DERBY NWS

Report Results To:

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  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)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
TANK SITE	<input checked="" type="checkbox"/>					5/23/24	8:00AM	1.87		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	



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



TCEQ Laboratory ID: T104704372

### Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 11.4	Corrected Temp: NA 338	
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 5/23/24 1327	Analyst: NA		
End Date and Time: 5/24/24 1355	Analyst: NA		

### Result Reporting and Approval

Laboratory Approval: <i>R. Joy</i>	Date: 6/11/24	Time: 1230
Reported to PWS By: <i>Deanna &amp; James</i>	Date: 6/11/24	Time: 1430

### Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: SM 9223-02-04 Colisure						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	Laboratory Sample ID Number
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D24-2163
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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>Chris Martin</i>	Sampler Phone #: 713-817-7080
Sampler Email: CHRIS@NEWWATERSYSTEM.COM	Operator License # (if applicable): WG0018569	
Relinquished By Sampler: CHRISTOPHER MARTIN	Date and Time: 5/23/24 11:00AM	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 5/23/24 1116