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| - | be 7 digits; includ | le all zeros) | | | | | | | | | | | | - | Y | | | | VIII. | ALL | (| | TCEQ Laboratory ID: |
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| owledges that samples were collected according to the systems estabe Sample Identification/Location E Specific Address / Location identified in Sample Siting Plan | | | Tipol) | | lle/ | | uction | £ , | T | | | sment | (All Repeat, Replacement, & | "T" for To | lal. | Please Resubmit | Chlor | | Total C | | | Coli | |
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| nowledges that samples were collected | d'or federal law. (Texas Penal Code, Title 8, Chapter 37.10) By signing this form, the sampler es that samples were collected according to the systems established sample collection procedures, and that all information is accurate. | | | | | | | | | | | | | | 0 | Lab R | esults | 0 . | to U to | | |
| Sample Identificat | | - | ple Ty | pe: | No | ne) | | | lected | | Sample ID & Date of | | Rejection Cod | 162 | | M92 | 23-1 | DENK | | | |
| e Specific Address / Location Siting Place | | (uc | | _ | | tion * | T | Date | Time | ent | Originating Sample (All Repeat, | Circle "F" for Free, "T" for Total, | (if applicable) Please | 1000 | rine √ | _ | coliform | | Coli | | |
| taw Wells - Use Source ID for G123456 | Well Sampled (Example: | Routine (Distribution) | Repeat | Raw Well | Special * | Construction | Month | Day | | Replacem | Replacement, & Triggered Raw Samples) | (mg/L) | Resubmit | | Present | | Present | | Present | Laboratory Sample ID Number | |
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| | | | | | TCEQ Microbial Reporting Form (TCEQ-10525) Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule Water System Identification & Sample Collection Information (Please print or type the information) | | | | | | | | | | | | | | C | | | | orated York Rd. | TA TA | II) |
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| sults To | Address: | PO BC | X3 | 317 | | | | | | | | | | | | | | | ion Date a | nd Time | | | Lab Rejected C | ode (LR) - Docum | ent Reason: |
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| ı | Use sample site location/address identified in the | | | | | | | | | | | | | | Info: Sample ID | | | | | Labo | ratory An | alysis Resu | ults | | |
| | se sample site location/address identified in the system's RTCR Sample Siting Plan | | | | | | | * no | Date | Time Military Time | Free | Total | nent | and Date of Collection | Rejection Code (if applicable) - | Test Met | | 1 | 117 | - | ! | Analysis Results mee | t all accreditation restated otherwise. | equirements | |
| R | aw Wells: Use | e Well Source ID (I | 234567A) | Routine (| Repeat | Raw Well | Special * | Construction | (MM/DD/YY) | (HHMM) | mg/L | mg/L | Replacen | (Repeat, TSM Raw Well, Replacement) | Please Recollect | Absent | Present | Absent | oliform Present | Absent | coli Present | | Sample ID Numb | er | |
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| Sam | ampler Name (Print): CHRISTOPHER MARTIN Sampler Signature: | | | | | | | | | | | Marke | dep | | | ler Phone | | | 17-70 | | | | | | |
| Sampler Email: CHRIS@NEWWATERSYSTEM.COM | | | | | | | | | | | | | | | | tor License pplicable): | | /G00 | 1856 | 9 | | | | | |
| Relinquished By Charles To Date of The State of Store | | | | | | | | | | 350pt R | eceived By r (if applicable): | | | | | | | Date and Time: | | | | | | | |
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| | Public Wafer S | TCEQ Microbial Reporting Form (TCEQ-10525) Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule Water System Identification & Sample Collection Information (Please print or type the information) blic Water System ID: e 7 digits; include all zeros) TX 1330178 | | | | | | | | | | | | | |)R | 282 | C Y | 190 Kat |)20 W y, TX | . Little 77449 | oorated York Rd. 858-5988 | TCEQ Laborator | y ID: |
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| | Public Water Sys | stem Name: | FALL | BF | RAI | NC | H | N | WS | | | | | | Sample Iced | ? | | Tem | perature | | y Allalysis | | Lab Comments | |
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| ults To: | Address: F | о вох | 317 | | | | | | | | | | | | | Te | | on Date an | | emp: | NA | Lab Rejected C | ode (LR) - Documen | it Reason: |
| Report Results To: | | BARKEF | | | T | S | tate: | | TX | | Zip Coo | le: 7 | 741 | 13 | Start Date and T | ime: 3/. | 28/24 | 174 | 7 / | Analyst: | Bo | | and the second s | |
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| R | Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A) Raw Wells: Use Well Source ID (Ex: G1234567A) | | | | | | Special * | Construction | | | | | Replacem | Well, Replacement) | Recollect | Absent | Present | Absent | Fresent | Absent | Present | Laborator | Sample ID Number | |
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| | | I acknowledge th | at samples w | ere hai | ndled | appro | priat | tely a | and all informa | ation is accurate | e. Falsifica | tion of thi | s form | m or tampering with | water samples is | a crime p | ounishable | under sta | te and/or | federal la | w. (Texas F | Penal Code, Title 8, Cha | pter 37.10) | |
| Sampler Name (Print): CHRISTOPHER MARTIN Sampler Signature: The World | | | | | | | | | | Whiter | > | | Samp | er Phone # | : 7 | 13-8 | 17-7 | 080 | | | | | | |
| S | ampler Email: | er Email: CHRIS@NEWWATERSYSTEM.COM | | | | | | | | | | | | | | or License oplicable): | # V | /G00 | 1856 | 69 | | | | |
| R | elinquished By Sampler: | | | | | | | | | | 3.5 Re Courier | ceived By (if applicable): | | | | | | | Date and Time: | | | | | |
| R | Relinquished By Courier: Date and Time: | | | | | | | | | Rece | ived By Lab: | 2 | 0 | t | > | | | Date and Time: | 3/28/24 | 1509 | | | | |

| | TCEQ Microbial Reporting Form (TCEQ-10525) Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule Water System Identification & Sample Collection Information (Please print or type the information) | | | | | | | | | | | | | |) F | & & | C | 190 | 20 W | Incorp Little | oorated e York Rd. | JA | TNI |
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| | dentification/Loca | | | | Туре | - | | | ected | Chlorine | | 1 | 0.1.1.0 | Reported to PW | s ву: | eat | to. | 540 | ho | · · | Date: 5/2/a | zy Time | 1720 |
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| system's R1 | TCR Sample Siting | g Plan | Distribu | | | | * no | Date | Time Military Time | Free | Total | nent | and Date of Collection | Rejection Code (if applicable) - | Test Met | | Tatal | Coliform | - | coli | Analysis Results munle | neet all accredit | |
| Raw Wells: Use W | ell Source ID (Ex: | G1234567A | Routine (Distribution) | Repeat | Raw Well | Special * | Construction | (MM/DD/YY) | (HHMM) | mg/L | mg/L | Replacement | (Repeat, TSM Raw Well, Replacement) | Please Recollect | Absent | Present | Absent | Present | Absent | | Laborate | ory Sample ID | Number |
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| Relinquished By Sampler: | CHRIS | TOPH | IER | MA | AR | ΓIN | ٧ | | Date and Time: | 41 | 19/24 | 1 | | eceived By (if applicable): | | | | | | | Date and Time: | | |
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| | TCEQ Microbial Reporting Form (TCEQ-10525) Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule | | | | | | | | | | | | | | | | | 0 | D Q.4 | Clev | Incorp | orated | | STAP ACC | REDINE |
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| Report Results To: | Address: | о вох | 317 | | | | | | | | | | | | | | | on Date a | | | | Lab Rejecte | d Code (| LR) - Docui | ment Reason: |
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| | Sample Identification/Location Sample Type (√ one) Collected Chlorine Residual Re | | | | | | | | | | | | | | Reported to PW | S By: | least | ier | 35 | Mi | Y | Date: 6/11 | 124 | Time: | 430 |
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| | system's R1 | TCR Sample Siting | Plan | Distribu | | | | * noi | Date (MM/DD/YY) | Time Military Time | Free mg/L | Total mg/L | nent | Collection (Repeat, TSM R | Rejection Code (if applicable) - | | thod: Some Check | | S (Or | | coli | Analysis Results r unk | | accreditation d otherwise. | requirements |
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| | | l acknowledge ti | hat samples | were ha | ndled | d app | ropria | ately | and all informa | I ation is accurate | . Falsifica | tion of th | is for | n or tampering w | ith water samples i | is a crime | punishable | under sta | te and/or | federal la | w. (Texas P | enal Code, Title 8, 0 | Chapter | 37.10) | |
| Sam | pler Name (Print | CHRIS | TOPH | ER | MA | ٩R | TIN | 1 | s | ampler Signatu | re: | Pho | 1. | What | 5 | | Samp | ler Phone | #: 7 | 13-8 | 17-70 | 080 | | | |
| S | ampler Email: | CHRIS | S@NE | EVV | \/A | TE | ER | RS' | YSTEN | /I.COM | | | - | | | | | or License oplicable): | | /G00 | 1856 | 69 | | | |
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