

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: 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 1330177

Public Water System Name:

SOLAR VILLAGE NWS

Report Results To:

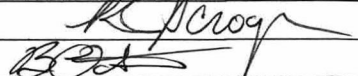
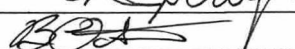
Name: NEW WATER SYSTEMS INC,
Address: PO BOX 317
City: BARKER State: TX Zip Code: 77413
Phone #: 2816065461 PWS Email: office@sollarvillagenws.com

TCEQ Laboratory ID:

Laboratory Analysis

Sample Iced?		Temperature (°C)				Lab Comments
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Actual Temp: ^{88°} 9.9	Corrected Temp: NA	
Incubation Date and Time						Lab Rejected Code (LR) - Document Reason:
Start Date and Time:		1/24/24 1655		Analyst: BO		
End Date and Time:		1/26/24 1440		Analyst: BO		


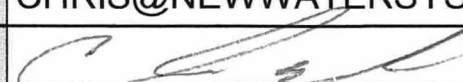

Result Reporting and Approval

Laboratory Approval:  Date: 1/26/24 Time: 1500
Reported to PWS By:  Date: 1/26/24 Time: 1520

Laboratory Analysis Results

Sample Identification/Location Use sample site location/address identified in the system's RTRC 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)	Rejection Code (if applicable) - Please Recollect	Test Method:						Analysis Results meet all accreditation requirements unless stated otherwise.
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L				Chlorine Check		Total Coliform		E. coli		
													Absent	Present	Absent	Present	Absent	Present	
TANK SITE				✓		1/24/24	0403	1.3		<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	224-0299
										<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 checked="" 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"/>	

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:		Sampler Phone #:	2816065461
Sampler Email:	CHRIS@NEWWATERSYSTEM.COM	Operator License # (if applicable):	WG1330177		
Relinquished By Sampler:		Date and Time:	15:11 1/24/24	Received By Courier (if applicable):	
Relinquished By Courier:		Date and Time:		Received By Lab:	
				Date and Time:	1/24/24 1511