	TCEQ Microbial Reporting Form  Water System Identification & Sample Collection Information (Please type or use block print)													A	1	9020 W.	1744 1744	York	TCEO	و طما ١	IDL 9	1572	100			
	Water System Identification & Sample Collection Information (Please type or use block print)  ublic Water System ID: (Must be 7 digits; include all zeros)  TX 0150156														SAT	2 6	AN	A	NT	ON	10					
			015	501:	56														ORAT				5	Link		
Public Wate	er System	A TZ TITT T	ATWW	70											T								TCEQ Lab			
-	Name:	OAK HILL	NN	15										Test Results	must m	eet all accredita	tion/cert	ification r	requireme	nts unless	stated ot	herwise.	I10470			
	County:	EXAR															SHAD	DED ARE	A FOR L	ABORAT	ORY USE	ONLY	T1047	04372		
T															le Iced	? Relinquis	hed By	empler):			Date	/ Time:	29/23	4: YOPA		
Name:	NEW W	ATER SYSTEN	AS II	NC.										Yes		No Received	By (Couri	er, if applic	cable):		Date	/ Time:	5110	119001		
Address:	PO B	OX 317												1	erature		1 12 10									
City:	BARI	KER												17.6		°C	shed By (Co	ourier):			Date	e/ Time:				
3														Correc	ted Tem	p Received	By (Lab):	_	-		Date	Time:	23 16	40		
77413														Lab Comme	nts:	100			-		-	Incubation Date & Time				
Phone #: 713 - 817-7080 Other Contact: office@newwaters													system.com	Tested By:							Begin   End     Date:  2/29/23   Date:  2/31/23					
Impler Name (Print): Signature:													ALCON AND AND AND AND AND AND AND AND AND AN	1	B	Set		_	1		Time			1108		
CHRISTOPHER MARTIN													· ·	Laboratory A	pprova	l:	1	1/	In	rM	Date	1/9	124 Time:	1025		
perator Licens	e#:	0010560				+	710	wner	F	Operate	or Oth	or:		Report to Cli				9		1	Date	e:	' Time:			
-	WG	0018569			dior la		_		Code				ning this form, the sampler	Nea	the	11/10	m		JΔ	W O	9 20	24	103	2		
mowledges that sa	amples were collect	ed according to the systems establ	ished san	nple coll	ection p	rocedur	es, and	that all i	informati	ion is accural	θι 37.10/ t θ.	ay sign	ing aus ionn, the sampler	Chlorine Re	sidual		0		Lab R							
-	nple Identifica	tion/Location ion identified in Sample	Sam	ple Ty	pe:	Non	e)	Da		llected	me	4	Sample ID & Date of Originating Sample		_	Rejection Code (if applicable) -	Test Metho			23-10 ure 1						
se specific Ai	Siting P		ion)		Nell		ction	T	T			ien	(All Repeat,	Circle "F" for		Please	Chlor			oliform		Coli				
Raw Wells - U	se Source ID for G123456	Well Sampled (Example:	Routine (Distribution)	Repeat	Raw Well	Special *	Construction	ye C	Year	Please AM o	e circle or PM	Replacen	Replacement, & Triggered Raw Samples)	(mg/L)		Resubmit	Absent	Present	Absent	Present	Absent	Present		y Sample ID mber		
TANI	KSITE		1			1		2 2	9 23	343	(am)			1.40	O		Q		Ø		Ø		D23-60	35		
			1			$\top$	十	十	+		am	$\vdash$			F											
						$\dashv$	$\dagger$	十	+	1	am	-1			F									£.		
				$\vdash$		+	$\dagger$	+	+	+	pm	-			F											
	<del></del>			$\vdash$	$\dashv$	+	+	+	+	+	pm am	-			F											
	in the second			$\vdash$		+	+	+	+	+-	pm	1	ļ		T							-				
						+	+	+	+	-	pm am	-1			T											
						4	+	_	$\perp$	-	pm	+			T											
						1	1	1	_		am pm	1_			F											
											am pm	-			F											
					I					am pm	-1			F												
Form instruc	m instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule * Special and Contruction samples are NOT FOF											OR COMPLIA	-	Lab Rejected C	ode (LR)	- Docum	ent Reaso	n:		-	-					

TCEQ Microbia	m		Karty	Inc. Texas	77	449	281 8	858 5	3988											
Water System Identification & San	pe or use l	block	SAT		AN				10											
(Must be 7 digits; Include all zeros)	lust be 7 digits; include all zeros)  Water Sustem														ORAT	ORY			W. USAR	
Public Water System OAK HILL	Name: OAK HILL NWS															30 2/1			TCEQ Laboratory ID:	
Name: O1 11 111111 1															equireme				J104704360- 30 2	
County: BEXAR			SHADED AREA FOR TORY USE ONLY T104704372  Sample Iced? Relinquished By (Sampler):   Date / Times																	
Name: NEW WATER SYSTEM	IS II	NC.			Annual Annua						Sample Iced	No	1					1 Time	ky 4:23 en	
Address: PO BOX 317											Received By (Courier, if applicable):  Temperature  Reliantished By (Courier):  Date / Time:									
city: BARKER							THE PERSON NAMED IN COLUMN 1		-		Relinquished By (Courier): Date/ Time:									
State: TX				Zip (	Code: 7	741	3				Corrected Ter	The Receive	d By (Lab):	2	5		Date	/Time: /31/2		
Phone #: 7 6 76 - 546	1		Oth	or Co	ntact: O	ffico	@now/	wat	ore	system.com	Lab Comments;							Begi	ncubation Date & Time	
1 1 2 9 1 9 2 1 9			Oth			ince	witew (	wat		ystem com	Tested By:	Brost	5	_		,			/24 Date: 2/1/24	
mpler Name (Print):  CHRISTOPHER	MA	RT	IN	Sign	nature:	7	15			1	Laboratory Approval:  Time: 1754 Time: 1811  Date: Time:									
erator License #: <b>WG0018569</b>	rator License #:														- POU	DED.	0 5		Time:	
nowledges that samples were collected according to the systems establi	ished san	iple colle	d/or federa	al law. (	Texas Pena and that all	I Code, Ti	tle 8, Chapter 3: n is accurate.	7.10) By	signir	ng this form, the sampler	Chlorine Residual	T	I	8	Lab R		UJ	2027	1150	
Sample Identification/Location			pe: [√				ected			Sample ID & Date of		Rejection Code	Test	51	n 92	25 (	PELK			
e Specific Address / Location identified in Sample Siting Plan	(ion)		- ·	ction *	T	ate	Time Please circle		nent	Originating Sample (All Repeat, Replacement, &	Circle "F" for Free, "T" for Total.	(if applicable) -	Metho		Total C		E. C	-		
taw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Routine (Distribution)	Repeat	Raw Well Special*	Construction	Month	Year	AM or P		Replacement	Triggered Raw Samples)	(mg/L)	Resubmit	Absent	Present	Absent	Present	Absent	Present	Laboratory Sample ID Number	
TANK SITE	1				13	) 24	10:02	am pm			1.37		Ø		Ø		Ø		D24-0465	
								am pm			F									
								am pm			F									
								am pm			F									
								am pm			F									
						am pm			F											
								am pm			F									
				_		1		am pm			F									
				-		1		am pm			F T								Manager and the second	
am pm																				
Form instructions: www.tcen.texas.gov/drinkingwater/r	microhi	Mravie	ad-total	colifor	m.nilo	*	necial and	Contru	ction	samples are NOT F	NOT FOR COMPLIANCE Lab Rejected Code (LR) - Document Reason:									

	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)														R	R	S	C			ncorp		audi ACC	EOMES
					•											) ‡,		V			Little 77449	York Rd.	LABORA	TORY
(M		er System ID: include all zeros)		150		_									9	1	U	Y				358-5988	TCEQ Laborat	ory ID:
	Public Water	System Name:	OAKI	НП	ı	NV	VS													Laboratory	y Analysis			
															Sample Iced	?		Ter	nperature	(°C)			Lab Comments	
	Name:	NEW W	ATER	SY	S	ΓEI	VIS	S 11	NC						Yes No		tual mp: [;	2.4		rected emp: M	A BB8	5		
sults T	Address:	PO BOX	317														Incubati	on Date a	nd Time			Lab Rejected	Code (LR) - Docum	ent Reason:
sport Re	City:	BARKER	3			S	tate:		TX		Zip Coo	ie: 7	741	3	Start Date and T		26/24			Analyst:	130			
2	Phone #:	281-606	-5461			PWS	Ema	il: (	OFFICE	E@NEV	/WAT	ERS'	YS <sup>-</sup>	ГЕМ.СОМ	End Date and T	ime:  2/	27/24	174		Analyst: Reportin	g and Appr	oval		
		* SAMPLES MARK		LORC	CONS	TRUC	TION								Laboratory Approval: Monage 0 1 2024 Time: 1200									200
Sample Identification/Location Sample Type (√ one) Collected Chlorine Residual Original Sample													Reported to PWS By Neather & Home PMAR 0. 1 2024: 1323											
																				esults				
system's RTCR Sample Siting Plan  Time and Di  Time Total T College												and Date of Collection	Rejection Code	Test Met							eet all accreditation restated otherwise.	equirements		
Raw Wells: Use Well Source ID (Ex: G1234567A)										(HHMM)	mg/L	mg/L	Replacement	(Repeat, TSM Rav Well, Replacement	Please		e Check		Coliform		coli			
													Rep		Recollect	Absent	Present	Absent	Present	Absent	Present		ory Sample ID Numb	er
TA	NK S	ITE		V				C	2/26/24	MATIPO	1.22						Ш				Ш	D24-08°	16	
-								1																
						1	$\dagger$	+					П			П	П		П		П			
_						+	+	+																
				$\Box$		_	_	$\perp$					Ш											
														0			Ш				Ш			
				$\Box$			1	$\top$								П		П	П		П			
																同								
I acknowledge that samples were handled appropriately and all information is accurate. Falsification of this form or tampering with												water samples is	a crime i	unishable	under sta	ate and/or	federal lav	v. (Texas Pe	enal Code, Title 8, Ch	napter 37.10)				
ampler Name (Print): CHRISTOPHER MARTIN  Sampler Signature:											f ma													
Sa	Sampler Email: CHRIS@NEWWATERSYSTEM.COM											, , , ,				or Licenso		/G00	1856	9				
Re	linquished B		TOPHE		NA COLUMN TO SERVICE STATE OF THE PARTY OF T			-		Date and Time:	2/	24/2	35		Received By Courier (if applicable):  Date and Time:									
Relinquished By Courier:  Date and Time:									,		eived By Lab:	0	BO	ich	5	-		Date and Time:	2/26/24	1550				

(Must be 7 digits;  Public Water :  Name:  Address:  City:	er System ID: s; include all zeros) System Name: NEW WA PO BOX BARKEF 281-606-	OAK I ATER 317 R -5461 ED AS SPECIA	150°	I 56 L N STE	State WS Er	S IS	INC						Sample Iced	<b>'</b>	\&\ O	Y	rcjo			358-5988	TCEQ Laboratory ID: T104704372
Name: Od Start Pooded Address: City:	NEW WARKEF 281-606- *SAMPLES MARKEF e Identification/Locate	ATER 317 R -5461 ED AS SPECIA	SYS	STE	State WS Er	IS I							Sample Iced				L	aboratory	Analysis		
Address:  City:	PO BOX BARKEF 281-606- *SAMPLES MARKE e Identification/Locate	ATER 317 R -5461 ED AS SPECIA	SYS	STE	State WS Er	IS I							Sample Iced'								
Report Results To.  City:	PO BOX BARKEF 281-606- *SAMPLES MARKE e Identification/Locate	317 R -5461 ED AS SPECIA	L OR CC	P	State	9:											perature		388		Lab Comments
	BARKEF 281-606- *SAMPLES MARKE e Identification/Local	-5461 ED AS SPECIA	T		WS Er		TX						Yes No	Act Ter	np:	1.6			NR		
	281-606- *SAMPLES MARKE e Identification/Local	-5461 ED AS SPECIA	T		WS Er		TX									on Date ar			0.0		Code (LR) - Document Reason:
	* SAMPLES MARKE e Identification/Local e location/address iden	ED AS SPECIA	T			mail:			Zip Cod	le:   77	741	13	Start Date and T			4 174	-	nalyst: nalyst:	130 130		
	* SAMPLES MARKE e Identification/Local e location/address iden	ED AS SPECIA	T	NSTRI			OFFICE	E@NEW	WAT	ERS'	YS <sup>-</sup>	тем.сом	Elia Date and 11	IIIC.	272	1 103			g and Appr	oval	
	e Identification/Local	tion	SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES entification/Location Sample Type (√ one) Collected Chlorine Residual													14	V	1100	_	Date: 4/8	34 Time: 13/6
Sample		ntified in the		ole Typ	10000000							Original Sample	Reported to PWS	Ву:	eat	rei e	The second second second	sing		APR 08	2024 ime: 1530
	RTCR Sample Siting		tion)					Time				Info: Sample ID and Date of					Labo	ratory An	alysis Resu	ılts	
system's	Date Military Time Free Total Total (Repeat, TSM F) (MM/DD/YY) (HHMM) mg/L (Repeat, TSM F)													Test Met		Total C	oliform	F	coli		et all accreditation requirements stated otherwise.
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)											Replacem	Well, Replacement)	(if applicable) - Please Recollect	Absent	Present	Absent	Present	Absent	Present	Laborato	ry Sample ID Number
TANKS	ANK SITE 3/28/21 6:53 cm 1.43													V	П	d	П	T	П	D24-1375	
TANTO	3/48/4 (0.534m1.73)																				
				_	-																
				$\top$							П					П	П				
			$\vdash$	+	+						П				一	一		П			
			$\vdash$	+-	-																
				$\perp$																	
																	Ш				
				$\dagger$	T									П	П	П	П	П	П		
	l acknowledge th	at samples w	ere hand	led an	propri	iatelv	and all informa	tion is accurate	. Falsifica	tion of thi	is form	n or tampering with	water samples is	a crime p	unishable	under sta	te and/or i	federal lav	v. (Texas Pe	enal Code, Title 8, Ch	apter 37.10)
Sampler Name (Pri	er Name (Print): CHRISTOPHER MARTIN  Sampler Signature:												Sampler Phone #: 713-817-7080								
Sampler Email:	OTH TO GIVE VIVI (TEXTO TO TEXTO OTH															or License oplicable):	# V\	/G00	1856	9	
Relinquished By Sampler:					-			Date and Time:	2/2	18/24	. 2		Received By Courier (if applicable):  Date and Time:								
Relinquished By Courier:	ished By Date and Time:									Rece		1	100	1				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)														T	\R	8	C	R&0	C Joy,	Incor	porated e York Rd.		TNI TNI
			stem Ident	ification	& San	nple C	ollec	tion	nformation (P	lease print or typ	e the inforn	nation)				JĪ	0	$\overline{\mathbf{V}}$	Kat	y, TX	77449	•		TCEQ Laboratory ID:
(M		er System ID: include all zeros)	TX	015	015	56										1		T	rcjo	y.net	281	-858-5988		T104704372
	Public Water	System Name:	OAK	(HII	LL	NV	NS	3													y Analysis	S		
	Name:	NEW W	ATE E	2 67	/2	TE	N/I	2 1	NC						Sample Iced		tual	Ter	nperature	(°C)			La	b Comments
To:				101	-	1 -	IVI	0 1	140						Yes No		mp:	10.1		emp:	N			
Results	Address:	PO BOX	317													т.		tion Date a			1 0	Lab Reje	cted Co	de (LR) - Document Reason:
Report Results To:	City:	BARKER	?			5	State:		TX		Zip Cod	le:   7	74	13	Start Date and 1  End Date and T	1	,	4 161		Analyst: Analyst:	de	II.		
R	Phone #:	281-606	-5461	1		PW	S Em	nail:	OFFICI	E@NEV	/WAT	ERS'	YS	TEM.COM	Eliu Date aliu i	1116. [4]	30/2	4 163			ng and Ap	proval		
		* SAMPLES MARK			CONS	STRUC	CTION																	I Time: 1636
	Sample	Identification/Loca			ample			1		ected	Chlorine		1	0 / 1 - 1 0 1	Reported to PWS	в ву:	eath	in d	11	mb		Date: Sla	54	Time: 1720
U		location/address ide		tion)										Original Sample Info: Sample ID					Labo	oratory A	aysis Re	sults		
	system's	RTCR Sample Siting	Plan	Distribut				* no	Date	Time Military Time	Free	Total	nent	and Date of Collection	Rejection Code (if applicable) -	Test Met		1		-				all accreditation requirements tated otherwise.
Ra	w Wells: Use	Well Source ID (Ex:	G1234567A	Routine (Distribution)	Repeat	Raw Well	Special *	structi	(MM/DD/YY)	(HHMM)	mg/L	mg/L	Replacement	(Repeat, TSM Raw Well, Replacement)	Please Recollect	Absent	Present	Absent	Present	Absent	Present			Sample ID Number
				Roll	Rep	Rav	Spe	Col		0711	1 2		Re		Neconce		riesein	Auseni	Fresent	Absent	Tieseni			
TA	NK S	ITE		<b>√</b>					4/29/24	7:11AM	1.43									4		D24	-1	800
									, ,															
							7						П			П	П	П	П	П				
_				-			$\dashv$										一							*
				+	-																			
																		Ш						
													- Indianament											
				+	1		$\dashv$									П		П	П	П	$\Box$			
				+	-		$\dashv$						- Investorial								H	<del>                                     </del>		
													L											
																П								
		l acknowledge ti	nat samples	were h	andled	d appr	opria	ately a	and all informa	tion is accurate	e. Falsifica	tion of th	is for	n or tampering with	water samples is	a crime	punishabl	e under sta	ate and/or	federal la	w. (Texas	Penal Code, Title	8, Chap	ter 37.10)
Samr	ler Name (Pri									ampler Signatu		11	1.	Whiter	490			ler Phone			17-7			
												Mu	0	proportion			Opera	tor Licens						
	mpler Email:		6@NI	=VV\	/\/	A I E	-R	35	rSIEN	STEM.COM					(if applicable): VVGUU 18309									
Relinquished By Sampler: CHRISTOPHER MARTIN											Received By Courier (if applicable):  Date and Time:													
Relinquished By Courier:						Date and Time: Recei						Received By Lab:					Date and Ti	me:	4/29/24 150					
TCFC	-10525 (Re	( 022)											TCEC	Watoply Di	vision - (512)-2	39-4691								Page 1 of

		Form ins	tructions: v	/ww.tce	eq.tex	kas.g	ov/di	rinkir	ngwater/micro	TCEQ- bial/revised-to	tal-colifo	rm-rule			(F	)R	28.	V	1902 Katy	20 W.	77449	York Rd.	TCEQ Laboral	NI
(1	Public Wate Must be 7 digits;	r System ID: include all zeros)	тх (	0150	015	56										1	U	1	rcjoy	y.net	281-8	58-5988	T104704	
	Public Water	System Name:	OAK	HII	L	N١	WS	S							Complete land	ın		Tomas			y Analysis		Lab Comments	
	Name:	NEW W	ATFR	SY	<b>'S</b> '	TF	M	S	INC						Sample Iced	_	tual	rempe	Corre		1		Lab Comments	
s To:					_	-									Yes No	Te	mp: ]	7.7	Ten	np: N	A BBY	Lab Bajastad	Code (LR) - Docum	ent Pesson
Report Results To:		PO BOX													Start Date and	Time:	Incubati	on Date and 1	_	nalyst:	LIM	Lab Rejected	Code (LK) - Docum	ent Reason.
Report	City:	BARKER	₹				State	:	TX		Zip Co	de: /	741	13	End Date and	- 100	25/29 14/24	1327 135S	+	nalyst:	NO	FI.		
	Phone #:	281-606	-5461			PW	VS En	nail:	OFFICI	E@NEV	/V/AT	ERS'	YS <sup>-</sup>	ГЕМ.СО	И		1101	00	Result I	Reportin	g and Appro	oval		
		* SAMPLES MARK	ED AS SPEC	IAL OR	CONS	STRU	СТЮ	N CA	NNOT BE USE	AS ROUTINE	OR REPEA	TSAMPLE	ES		Laboratory Appr		_	Ky	cio	10		Date: UIII		230
	Sample	Identification/Loca	tion	Sa	mple	Туре	(√ 0	ne)	Coll	ected	Chlorine	Residual		Original Sam		Reported to PWS By: Ne Other Davis Date: 6/11/24 Time: 1430								
1		site location/address identified in the mrs RTCR Sample Siting Plan Time Info: Sample ID and Date of Sample Siting Plan Time														Toot Mot	hod: a	19223						
	system's RTCR Sample Siting Plan    Free   Total   Free   Total													Rejection Code (if applicable) -	-	e Check	Total Colif			coli		eet all accreditation resistated otherwise.	equirements .	
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)  Raw Wells: Use Well Source ID (Ex: G1234567A)												Diogra	Absent	Present	Absent Pr	esent	Absent	Present	Laborate	ry Sample ID Numb	per			
TANK SITE														Y		4		4		D24-	2165			
																						,		
_																			寸					
				+												- Internation			計					
				-															$\exists$					
				_															=					
																			4					
													THE STATE OF THE S						4					
																						*		
_		l acknowledge ti	nat samples	were ha	ndled	d app	ropria	ately	and all informa	ation is accurate	e. Falsifica	tion of thi	is forn	n or tampering	vith water samples i	s a crime	unishable	under state a	nd/or fe	deral la	w. (Texas Pe	enal Code, Title 8, C	napter 37.10)	
Sam	pler Name (Pri	er Name (Print): CHRISTOPHER MARTIN Sampler Signature:											Sampler Phone #: 713-817-7080											
8	ampler Email:	CHRIS	S@NE	EW	NA	T	ER	RS'	YSTEM	1.COM								or License # oplicable):	W	G00	1856	9		
R	elinquished By Sampler:						-			Date and Time:	15	123/	16	An Con	Received By Courier (if applicable):  Date and Time:									
P. F. well by J. D.									Received By Lab: Date and Time: 5/23/24 [1](6					1 (116										