

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: TX 1011459
(Must be 7 digits; include all zeros)

Public Water System Name: **SELLERS ESTATES 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 (N 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	11:00am	1.3		<input type="checkbox"/>	
										<input type="checkbox"/>	
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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: 9.8	Corrected Temp: N/A 318	
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 5/23/24 1327	Analyst: NLS		
End Date and Time: 5/24/24 1355	Analyst: NLS		

Result Reporting and Approval
 Laboratory Approval: *[Signature]* Date: 6/11/24 Time: 1230
 Reported to PWS By: *[Signature]* Date: 6/11/24 Time: 1430

Rejection Code (if applicable) - Please Recollect	Test Method: SM 9223.10EEX Colisure						Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	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"/>	D24-2166	
	<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"/>		

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: 5/23/24 11:14 Received By Courier (if applicable): Date and Time:
 Relinquished By Courier: Date and Time: Received By Lab: *[Signature]* Date and Time: 5/23/24 11:16