

TCEQ Microbial Reporting Form

TCEQ Form 10525
08/2017

19020 W. Little York Rd
Katy TX, 77449 TCEQ Lab ID: 01572
SATL SAN ANTONIO TESTING LABORATORY



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

Public Water System ID: TX 1330177
(Must be 7 digits; include all zeros)

Public Water System Name: **SOLAR VILLAGE NWS**

County: **KERR**

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:

Operator License #: **WG0018569** Owner Operator Other:

d/or 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.

Test Results must meet all accreditation / certification requirements unless stated otherwise.
TCEQ Laboratory ID: T104704360
T104704372

SHADED AREA FOR LABORATORY USE ONLY

Sample Iced? Yes No
Relinquished By (Sampler):
Date / Time: 12/29/23 4:40pm

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

Temperature: **BBB 18.3** °C
Relinquished By (Courier):
Date / Time:

Corrected Temp: **NA**
Received By (Lab):
Date / Time: 12/29/23 1640

Lab Comments:
Incubation Date & Time

Tested By:
Date: 12/29/23 Date: 12/31/23
Time: 1745 Time: 1108

Laboratory Approval:
Date: 1/9/24 Time: 1025

Report to Client By:
Date: JAN 09 2024 Time: 1032

Sample Identification/Location See Specific Address / Location identified in Sample Siting Plan Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Sample Type: (None)					Collected				Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Replacement	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 Please circle AM or PM					Test Method: Chlorine <input checked="" type="checkbox"/> Total Coliform <input checked="" type="checkbox"/> E. Coli <input checked="" type="checkbox"/>	Chlorine		Total Coliform		E. Coli				
						Month	Day	Year							Absent	Present	Absent	Present	Absent		Present		
TANK SITE	<input checked="" type="checkbox"/>					12	29	23	7:38	<input checked="" type="checkbox"/>		1.35	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D23-6036		

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

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

Public Water System ID: TX 1330177
(Must be 7 digits; include all zeros)

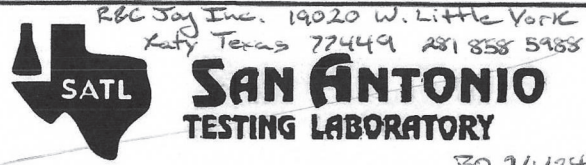
Public Water System Name: SOLAR VILLAGE NWS

County: KERR

Name: NEW WATER SYSTEMS INC.
Address: PO BOX 317
City: BARKER
State: TX Zip Code: 77413
Phone #: 281-606-5461 Other Contact: office@newwatersystem.com

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

Operator License #: WG0018569
 Owner Operator Other:



TCEQ Laboratory ID: T104704360

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

SHADED AREA FOR LABORATORY USE ONLY T104704372

Sample Iced? Yes No
Relinquished By (Sampler): *[Signature]* Date / Time: 1/31/24 4:23pm
Received By (Courier, if applicable):
Temperature: 308 11.3 °C
Relinquished By (Courier):
Corrected Temp: NA Received By (Lab): *[Signature]* Date / Time: 1/31/23 1623
Lab Comments:
Incubation Date & Time
Tested By: *[Signature]* Date: 1/31/24 Date: 2/1/24
Time: 1754 Time: 1811
Laboratory Approval: *[Signature]* Date: 2/3/24 Time: 1240
Report to Client By: *[Signature]* Date: FEB 05 2024 Time: 1150

I hereby acknowledge that samples were collected according to the systems established sample collection procedures, and that all information is accurate.

Sample Identification/Location See 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	Replacement				Test Method:	Chlorine √		Total Coliform		E. Coli		
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)						Month	Day	Year	Please circle AM or PM			Absent	Present	Absent	Present	Absent	Present		
TANK SITE	<input checked="" type="checkbox"/>					1	31	24	8:59 <input checked="" type="radio"/> am		135	<input checked="" type="radio"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D24-0466
												<input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
												<input type="checkbox"/> T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
												<input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
												<input type="checkbox"/> T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
												<input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
												<input type="checkbox"/> T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
												<input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
												<input type="checkbox"/> T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
												<input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
												<input type="checkbox"/> T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
												<input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
												<input type="checkbox"/> T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
												<input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
												<input type="checkbox"/> T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/updated-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/revised-total-coliform-rule

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

Public Water System ID: TX 1330177
(Must be 7 digits; include all zeros)

Public Water System Name: SOLAR VILLAGE 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	✓					02/26/24	0801AM	1.33		<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"/>	



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: 11.0	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: *[Signature]* Date: MAR 01 2024 Time: 1200
Reported to PWS By: *[Signature]* 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	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DR4-0897
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: 2/26/24 5:00 PM Received By Courier (if applicable): Date and Time:
Relinquished By Courier: Date and Time: Received By Lab: *[Signature]* 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

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 #: 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	5:27am	1.24		<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"/>	



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 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: 8.2	Corrected Temp: 1338 NK	
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 3/28/24 1747	Analyst: BO		
End Date and Time: 3/29/24 1836	Analyst: BO		

Result Reporting and Approval

Laboratory Approval:	Date: 4/8/24	Time: 1316
Reported to PWS By: Heather B. Jones	APR 08 2024	Time: 1530

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"/>	Laboratory Sample ID Number: 224-1376
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: 3/28/24 3:09 PM	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab: <i>B. Oates</i>
		Date and Time: 3/28/24 1509

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 #: 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	5:57 AM	1.37		<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"/>	



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 Katy, TX 77449
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TCEQ Laboratory ID:
 T104704372

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 10.9 ~~9.8~~ Corrected Temp: N/A Lab Comments

Incubation Date and Time Lab Rejected Code (LR) - Document Reason:

Start Date and Time: 4/29/24 1641 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"/>	D24-1801
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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] Date and Time:

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/revised-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 #: 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"/>					5/23/24	5:10AM	1.45		<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: 10.3	Corrected Temp: N/A BBS	
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 5/23/24 1327	Analyst: N/A		
End Date and Time: 5/24/24 1355	Analyst: N/A		

Result Reporting and Approval

Laboratory Approval:	<i>[Signature]</i>	Date: 6/11/24	Time: 1230
Reported to PWS By:	<i>[Signature]</i>	Date: 6/11/24	Time: 1430

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: SM9223 100% ColiSurf						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: D24-2167
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	

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>[Signature]</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 11:16AM	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 5/23/24 1116