

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:
(Must be 7 digits; include all zeros)

TX 1650077

Public Water System Name:

SOUTH MIDLAND NWS

County:

MIDLAND

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:

I hereby certify that the information provided on this form is true and accurate, and that all information is accurate.

Sample Identification/Location Use Specific Address / Location identified in Sample Siting Plan Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Sample Type: (check one)					Collected				Replacement	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	Test Method:	Chlorine					Total Coliform		E. Coli				
						Month	Day	Year	Please circle AM or PM					Absent	Present	Absent	Present	Absent	Present	
TANK SITE	<input checked="" type="checkbox"/>					12	29	23	12:30 pm		1.46	F		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D23-6037
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Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule

* Special and Construction samples are NOT FOR COMPLIANCE

Lab Rejected Code (LR) - Document Reason:



R&C Joy Inc.
19020 W. Little York Rd.
Katy, TX 77449 TCEQ Lab ID: 01572

SAN ANTONIO
TESTING LABORATORY



TCEQ Laboratory ID:

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

T104704360

SHADED AREA FOR LABORATORY USE ONLY

T104704372

Sample Iced?

☒ Yes ☐ No

Relinquished By (Sampler):

Date / Time:

12/29/23 4:40pm

Received By (Courier, if applicable):

Date / Time:

Temperature

18.2 °C

Relinquished By (Courier):

Date / Time:

Corrected Temp

NA

Received By (Lab):

Date / Time:

12/29/23 1640

Lab Comments:

Incubation Date & Time

Begin

End

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

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TCEQ Form 10525

08/2017

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

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(Must be 7 digits; include all zeros)

TX 1650077

Public Water System Name:

SOUTH MIDLAND NWS

County: MIDLAND

Name: NEW WATER SYSTEMS INC.

Address: PO BOX 317

City: BARKER

State: TX

Zip Code: 77413

Phone #: 281 604 5461

Other Contact: office@newwatersystem.com

Sampler Name (Print):

CHRISTOPHER MARTIN

Signature:

Operator License #:

WG0018569

☒ Owner

☐ Operator

Other:

I 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 : (V one)					Collected				Replacement	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	Month	Day					Year	Please circle AM or PM	Test Method:	Chlorine V		Total Coliform		E. Coli	
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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)												
Public Water System ID: (Must be 7 digits; include all zeros)		TX	1650077									
Public Water System Name:		SOUTH MIDLAND 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		Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)			
Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)		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	0143AM	1.17			
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 #: 713-817-7080	
Sampler Email:		CHRIS@NEWWATERSYSTEM.COM									Operator License # (if applicable): WG0018569	
Relinquished By Sampler:		CHRISTOPHER MARTIN			Date and Time:			2/26/24 1500			Received By Courier (if applicable): Date and Time:	
Relinquished By Courier:					Date and Time:						Received By Lab: Date and Time:	

Page 1 of 1