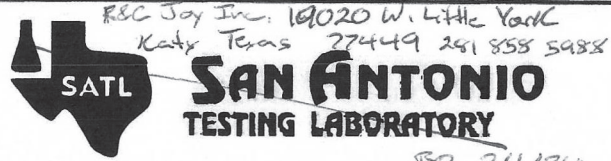


TCEQ Microbial Reporting Form

TCEQ Form 10525
08/2017



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

Public Water System ID: TX 1650084
(Must be 7 digits; include all zeros)

Public Water System Name: WARREN NWS

County: MIDLAND

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: *[Handwritten Signature]*

Operator License #: WG0018569

Owner Operator Other:

TCEQ Laboratory ID: T104704360
ISO 2/1/24

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): Date / Time:

Temperature: 13.58 14.8 °C Relinquished By (Courier): Date / Time:

Corrected Temp: NA Received By (Lab): *[Signature]* Date / Time: 1/31/24 1623

Lab Comments: Incubation Date & Time

Tested By: *[Signature]* Date: 1/31/24 Time: 1754
End Date: 2/1/24 Time: 1811

Laboratory Approval: *[Signature]* Date: 2/3/24 Time: 12/0

Report to Client By: *[Signature]* Date: FEB 05 2024 Time: 1120

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

| Sample Identification/Location Specific Address / Location identified in Sample Siting Plan | Sample Type : (None) | | | | | 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: 3M9223-10000 Colisure Test | | Chlorine | | Total Coliform | | E. Coli | | |
| | | | | | | Month | Day | Year | | | | | | Absent | Present | Absent | Present | Absent | | Present | | |
| TANK SITE | <input checked="" type="checkbox"/> | | | | | 1 | 31 | 24 | 4:23 | am | 1.40 | <input checked="" type="radio"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1224-0468 | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | | | | | | | | | | <input type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

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-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 1650084
(Must be 7 digits; include all zeros)

Public Water System Name: WARREN 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 Use sample site location/address identified in the system's RTCR 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) |
|--|------------------------|--------|----------|-----------|----------------|-----------------|---------------------------|-------------------|------------|--------------------------|---|
| | 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 | 0113AM | 1.25 | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <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: 13.5 Corrected Temp: NA BBS | |
| 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: | Date: MAR 01 2024 | Time: 1200 |
| Reported to PWS By: Heather S Boney | Date: MAR 01 2024 | Time: 1323 |

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: D24-0899 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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: 2/26/24 359PM | Received By Courier (if applicable): |
| Relinquished By Courier: | Date and Time: | Received By Lab: <i>BO</i> |
| | | Date and Time: 2/26/24 1550 |

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 1650084

Public Water System Name: WARREN 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 Use sample site location/address identified in the system's RTCR 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) |
|--|-------------------------------------|--------|----------|-----------|----------------|-----------------|---------------------------|-------------------|------------|--------------------------|---|
| | 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 | 12:33AM | 1.17 | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <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: 8.4 | Corrected Temp: 13.55 NA | |
| 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: *[Signature]* Date: 4/8/24 Time: 1316
 Reported to PWS By: *[Signature]* Date: 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: D24-1378 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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: 3/28/24 3:09 PM | Received By Courier (if applicable): |
| Relinquished By Courier: | Date and Time: | Received By Lab: <i>[Signature]</i> 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)

Public Water System ID: (Must be 7 digits; include all zeros) TX 1650084

Public Water System Name: WARREN 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



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: 12.0 | Corrected Temp: N/A | |
| Incubation Date and Time | | | Lab Rejected Code (LR) - Document Reason: |
| Start Date and Time: 4/29/24 1611 | Analyst: [Signature] | | |
| End Date and Time: 4/30/24 1634 | Analyst: [Signature] | | |

Result Reporting and Approval

Laboratory Approval: [Signature] MAY 02 2024 Time: 1636

Reported to PWS By: [Signature] Date: 5/2/24 Time: 1720

Laboratory Analysis Results

| Sample Identification/Location Use sample site location/address identified in the system's RTCR 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. | Laboratory Sample ID Number |
|--|-------------------------------------|--------|----------|-----------|----------------|-----------------|---------------------------|-------------------|------------|--------------------------|---|---|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|-----------------------------|
| | 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 | <input checked="" type="checkbox"/> | | | | | 4/29/24 | 12:30 AM | 1.1 | | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D24-1803 | |
| | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | | | | | | | | <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: 4/29/24 387 | Received By Courier (if applicable): [Signature] |
| Relinquished By Courier: | Date and Time: | Received By Lab: [Signature] |
| | | Date and Time: 4/29/24 1506 |

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 1650084

Public Water System Name: WARREN 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 | <input checked="" type="checkbox"/> | | | | | 5/23/24 | 12:00 AM | 1.34 | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <input type="checkbox"/> | |
| | | | | | | | | | | <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: 9.5 | Corrected Temp: N/A BBS | |
| Incubation Date and Time | | | Lab Rejected Code (LR) - Document Reason: |
| Start Date and Time: 5/23/24 1327 | Analyst: NJ | | |
| End Date and Time: 5/24/24 1355 | Analyst: NJ | | |
| Result Reporting and Approval | | | |
| Laboratory Approval: [Signature] | Date: 6/11/24 | Time: 1230 | |
| Reported to PWS By: [Signature] | Date: 6/11/24 | Time: 1430 | |

Laboratory Analysis Results

| | | | | | | | |
|---|-------------------------------------|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|-----------------------------|
| Rejection Code (if applicable) - Please Recollect | Test Method: 6M9223 (VPC) Colisure | Analysis Results meet all accreditation requirements unless stated otherwise. | | | | | |
| | Chlorine Check | | Total Coliform | | E. coli | | Laboratory Sample ID Number |
| | 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"/> | D24-2169 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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: 5/23/24 11:16 AM | Received By Courier (if applicable): |
| Relinquished By Courier: | Date and Time: | Received By Lab: [Signature] |
| | | Date and Time: 5/23/24 1116 |