



Report of Analysis



For: 420348 - City of Smiley
 207 Steele St
 Smiley, TX 78159

Released By: Miliana Hernandez
 Title: Laboratory Lead Analyst

I am the laboratory manager, or his/her designee, and I am responsible for the release of this data package. This laboratory data package has been reviewed and is complete and technically compliant with the requirements of the methods used, except where noted. I affirm, to the best of my knowledge that all problems/anomalies observed by this laboratory (and if applicable, any and all laboratories subcontracted through this laboratory) that might affect the quality of the data, have been identified in the report, and that no information or data have been knowingly withheld that would affect the quality of the data.

This Laboratory is NELAP accredited. Scope: Non-potable water, potable water.

Lab Sample ID: 260401.08-01 **Collection Date/Time:** 4/1/2026 07:09 AM **Sample Matrix:** Drinking Water
Site: 209 Welborn St. **Receive Date/Time:** 4/1/2026 10:19 AM **Sample Type:** Routine

Analyte	Method	Sample Result	DF	RPL	Qualifier	Test Date/Time	Analyst	Read Date/Time	Analyst
Total coliform (P/A)	IDEXX Colilert 18 hr	Absent -	1			4/1/2026 04:59 PM	CL	4/2/2026 11:56 AM	CS
E. coli (P/A)	IDEXX Colilert 18 hr	Absent -	1			4/1/2026 04:59 PM	CL	4/2/2026 11:56 AM	CS

NA = not analyzed

1 Parameter not available for NELAP accreditation at the GBRA

2 Parameter is approved under TCEQ Drinking Water Program

933 East Court Street
 Seguin, TX 78155
 (830)379-5822 ext 256

This report cannot be reproduced, except in full, without prior written permission of the GBRA Laboratory. Results shown relate only to the items tested. Samples are assumed to be in acceptable condition unless otherwise noted.

Work Order: 260401.08

LABORATORY TERM AND QUALIFIER DEFINITION REPORT

General Term Definition

%REC	Percent Recovery	LOQ	Limit of Quantitation
%RPD	Relative Percent Difference	LR	Low Range
CCB	Continuing Calibration Verification	MBLK	Method Blank
CCV	Continuing Calibration Verification	MDL	Method Detection Limit
D.F.	Dilution Factor	MS	Matrix Spike
HR	High Range	MSD	Matrix Spike Duplicate
ICB	Initial Calibration Blank	ND	Not Detected
ICV	Initial Calibration Verification	QC	Quality Control
LCS	Laboratory Control Spike	RPL	Reporting Limit
LCSD	Laboratory Control Spike Duplicate		

Qualifier Definition

Order Comments

260401.08 N/A

NA = not analyzed

¹ Parameter not available for NELAP accreditation at the GBRA

² Parameter is approved under TCEQ Drinking Water Program

933 East Court Street
Seguin, TX 78155
(830)379-5822 ext 256

This report cannot be reproduced, except in full, without prior written permission of the GBRA Laboratory. Results shown relate only to the items tested. Samples are assumed to be in acceptable condition unless otherwise noted.

Work Order: 260401.08

Page 2 of 2

TCEQ Microbial Reporting Form (TCEQ-10525)

Guadalupe Blanco River Authority
 933 East Court St.
 Seguin, TX 78155
 Phone: (830)-379-5822
 Email: lab@gbra.org



TCEQ Laboratory ID: T104704269
 Document Control Number: 17989 Rev. 2

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 0890004

Public Water System Name: City of Smiley Acct# 420348

Name: City of Smiley

Address: PO BOX 189

City: Smiley State: TX Zip Code: 78159

Phone #: 830-433-0127 PWS Email: smileytx@gvec.net; onesmileymayor@gvec.net

Laboratory Analysis

Sample Iced? Yes No

Temperature (°C): Actual Temp: 7.5 Corrected Temp: 9.9

Thermometer ID: 31

Chlorine Check ID: 091125-05

Incubation Date and Time

Lab Rejected Code (LR) - Document Reason:

Start Date and Time: Analyst:

End Date and Time: Analyst:

* 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		
209 WALBORN ST.	X					04/12/2019	0710	1.00		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Result Reporting and Approval

Laboratory Validation: Date: Time:

Laboratory Approval: Date: Time:

Report to PWS By: Date: Time:

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method:		IDEXX Colilert-18				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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	260401.08-01
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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): ROBERT BUENTELLO Sampler Signature: *[Signature]* Sampler Phone #: (210) 846 6694

Sampler Email: BUENTELLO_R@YAHOO.COM Operator License # (if applicable): WLR0009280

Relinquished By Sampler: *[Signature]* Date and Time: 04/12/2019 Received By Courier (if applicable): *[Signature]* Date and Time: 4/12/2019

Relinquished By Courier: *[Signature]* Date and Time: 4/12/2019 Received By Lab: *[Signature]* Date and Time: 4/12/2019