Effective 7/24/2025

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 1700948
Public Water System Name:	LEXINGTON HEIGHTS SUBDIVISION

Report Results To:

Name:	Aggregate Water Services
Address:	25329 Budde Rd STE 701
City:	The Woodlands
State:	TX
Zip Code:	77380
Phone #:	936.321.7721
PWS Email:	

* 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) Routine (Distribution)	Repeat	Raw Well	Special*	Construction*	Collected Date (MM/DD/YY)	Collected Time Military Time (HHMM)	Chlorine Residual Free mg/L	Chlorine Residual Total mg/L	Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
G1700948B			✔			9.23.25	0900	0.00		☐	
11702 ECLIPSE	✔					9.23.25	0850	1.85		☐	
						~~9.23.25~~				☐	
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B3 Labs
4503 Spring Cypress Rd. Suite C7
Spring TX 77388
Phone: (346) 588-5133
Certificate ID: TX-C25-00043

TCEQ Laboratory ID: T104704564

Laboratory Analysis

Sample Iced?	Temperature (°C)			Lab Comments
Yes ☑ No ☐	Actual Temp: 9.8	Corrected Temp: 10.6		IR GUN ID: IR2 +.7

Incubation Date and Time

Start Date and Time:	9.23.25 2000	Analyst:	
End Date and Time:	9/24/25 2010	Analyst:	

Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval:		Date: 9/24/25	Time: 2020
Reported to PWS By:		Date: 9/24/25	Time: 2030

Laboratory Analysis Results

Test Method: SM9223B - (Colilert) Colilert 18

Analysis Results meet all accreditation requirements unless stated otherwise.

Rejection Code (if applicable) - Please Recollect	Chlorine Check Absent	Chlorine Check Present	Total Coliform Absent	Total Coliform Present	E. coli Absent	E. coli Present	Laboratory Sample ID Number
	☑	☐	☑	☐	☑	☐	25I1002
	☑	☐	☑	☐	☑	☐	25I1003
	☐	☐	☐	☐	☐	☐	
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	☐	☐	☐	☐	☐	☐	

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):	Jason Keasling	Sampler Signature:	Jason Keasling
Sampler Phone #:	936.524.4882		
Sampler Email:	Jason@B3labs.net	Operator License # (if applicable):	WO0025042

Relinquished By Sampler:	Jason Keasling	Date and Time:	9.23.25/1445	Received By Courier (if applicable):	Date and Time:
Relinquished By Courier:		Date and Time:		Received By Lab:	Date and Time: 9.23.25 1930

Report Authorized By (Name, Signature,Title):

IDEXX Bottle Lot # E2007V