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TCEQ Microbial Reporting Form (TCEQ-10525) B3 Labs Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule 4503 Spring Cypress Rd. Suite C7 Spring TX 77388 Water System Identification & Sample Collection Information (Please print or type the information) Phone: (346) 588-5133 Public Water System ID: TCEQ Laboratory ID: Certificate ID: TX-C25-00043 1700948 (Must be 7 digits; include all zeros) T104704564 **Laboratory Analysis Public Water System Name** LEXINGTON HEIGHTS SUBDIVISION Sample Iced? Temperature (°C) **Lab Comments** Name Aggregate Water Services Actual Corrected 1R2 +7 3.7 Temp: Temp: Address 25329 Budde Rd STF 701 Incubation Date and Time Lab Rejected Code (LR) - Document Reason: 77380 Start Date and Time 29.25 2530 Analyst: City TX State The Woodlands Zip Code: End Date and Time: 2210 Analyst: Phone #: **PWS Email** 936.321.7721 Result Reporting and Approval * SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES 8.30.25 aboratory Approval: 2720 2230 Sample Identification/Location Sample Type (√ one) Collected Chlorine Residual Reported to PWS By **Original Sample Laboratory Analysis Results** Use sample site location/address identified in the Info: Sample ID system's RTCR Sample Siting Plan and Date of Time Test Method: Colilert 18 SM9223B - Colilert Rejection Code Date Free Analysis Results meet all accreditation requirements Total Collection Military Time (if applicable) (MM/DD/YY) unless stated otherwise mg/L mg/L Raw Well (Repeat, TSM Raw **Chlorine Check Total Coliform** E. coli (HHMM) Routine Please Raw Wells: Use Well Source ID (Ex: G1234567A) Well, Replacement) Recollect Absent Present Absent Absent Present **Laboratory Sample ID Number** 2541468 G1700948B 8/29/25 1602 0 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): Ben Walsh Sampler Signature: Sampler Phone #: 936.203.3762 Operator License # Sampler Email: Ben@B3labs.net WO0042735 (if applicable): Relinquished By Received By Date and Time Date and Time: Sampler:

Courier (if applicable):

Received By Lab:

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Date and Time:

Date and Time: