

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: TX 1700948
(Must be 7 digits, include all zeros)

Public Water System Name: LEXINGTON HEIGHTS SUBDIVISION

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 Sample Type (1 one) Collected Chlorine Residual
Use sample site location/address identified in the system's RTRC Sample Siting Plan
Raw Well: Use Well Source ID (Ex: G1234567A)Routine (Distribution)
Repeat
Raw Well
Special
Construction *Date
(MM/DD/YY)Time
(HH:MM)Free
mg/LTotal
mg/LReplacement
Original Sample Info, Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)

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