		TCEQ Microbial Reporting Form (TCEQ-10525)														B3 Labs									ds			
k.	Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule														4503 Spring Cypress Rd. C-7									BaLABS				
	Water System Identification & Sample Collection Information (Please print or type the information)														Spring, TX 77388													
(N	Public Wate lust be 7 digits	The same of the same of the same of		тх 1700948												(346)588-5133									TCEQ Laborat	1564		
	Public Water	System Na	me:	LEXINGTON HEIGHTS SUBDIVISION													Laboratory Analysis											
			F2128 (W-1)													Sample Iced? Temperature (°C) Lab Comments												
:0:	Name:	Aggregate Water Services														_	Yes No Actual Temp: Corrected Temp:						21.1	1.6 IR2/t.7				
sults	Address:	2532	25329 Budde Rd STE 701							1							Incubation Date and Time						Lab Rejected Code (LR) - Document Reason:					
Report Results To:	City:	The Woodlands				State: TX			TX		Zip Code: 77		738	30	- 1	Start Date and Time  End Date and Time		10.25 18'51 Analyst: 41										
æ	Phone #:	936.	36.321.7721				PWS Email:										End Date and Ti	me.	10.0	790	The second		ing and App					
		* SAMPLE	S MARKE	KED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES												Laboratory Approval: 0900 Date: 7-10-25 Time: 1902									702			
	Sample	tion/Locat	AUGUSTA STATE		Type (√ one)			lected	Chlorine Residual					Reported to PWS	to PWS By:			37	0		Date: 7-11-25 Time: 1120							
	lee cample cite	a location/ac	ldress ider	dress identified in the			T								Original Sample Info: Sample ID	THE RESERVE TO SERVE THE PARTY OF THE PARTY			Laboratory Analysis Res					sults				
		ple Siting		tributio					Date	Time	Free	Total	ŧ	and Date of Collection		Rejection Code	Test Me	thod: SI	M 9223	В	24	lurs	Analysis Res	Analysis Results meet all accreditation requirem				
					sid) er	+	le l	Nell	Construction	(MM/DD/YY)	Military Time (HHMM)	mg/L	mg/L	cemer	(Repeat, TSM F	M Raw	(if applicable) - Please	Chlorin	ne Check	Total C	oliform	1	E. coli	unless stated otherwise.				
Raw Wells: Use Well Source ID (Ex:			G1234567A)	Routine (Distribution)	Repeat	Raw Well	Special *	Constr					Replacement	Well, Replaceme	ement)	Recollect	Absent	Present	Absent	Presen	Abser	t Present	Lat	oratory S	ample ID Numb	er		
11731 ECLIPSE DRIVE					~					7925	1100	1.83						V		9		L		2590216				
												1.03																
			-			T		T																				
						t															П							
						+								П								T						
						+								П		$\dashv$					$\exists$	tF	ili					
						+	+	$\vdash$						H					H			+=						
						+	-	-	$\vdash$						1							挊						
						-	-	-	-						1							1-						
						1	_	_						Ц	]			Ш				1	11111					
																		Ш			Ш					manager		
l 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)																												
Sar	npler Name (F	N KEASLING							Sampler Signature:				m K	ea	ser	Sampler Phone #: 936.524.4				882								
	Sampler Emai	ı: JA	ASO	ON@B3LABS.NET							0					0			Operator License # WO00250				42		,			
	Relinquished Sampler:	By JA	SON	N KEASLING							Date and Time	7					eived By (if applicable):	ie):						Date and 1	Time:			
Relinquished By Courier:											Date and Time	SEATTLE STATE					ved By Lab:	By Lab:				Date a			ime:	7925	1717	