

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		Sample Type (√ one)			Collected		Chlorine Residual		Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)		
Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)		Routine (Distribution) ✓	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)		Free mg/L	Total mg/L
11731 ECLIPSE DRIVE		✓					7-9-25	1100	1.83		
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:	7-9-25 / 1715				Received By Courier (if applicable):				
Relinquished By Courier:		Date and Time:					Received By Lab:	Kw			