		TCEQ Microbial Reporting Form (TCEQ-10525)  Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule															B3 Labs 4503 Spring Cypress Rd. Suite C7								S	
									W	Please print or typ			- Park	-	A THE	Spring TX 77388 Phone: (346) 588-5133										
(N		er System ID: ; include all zeros)	тх 1	700	90	)1										Certificate ID: TX-C25-00043 TCEQ Laboratory ID: T104704564										
	Public Water	System Name:	DEER -	TRΔ	11 \	\Λ/Δ	TE	RI	DISTRIC	Т						Laboratory Analysis										
Public Water System Name: DEER TRAIL WATER DISTRICT												Sample Iced	7		Temperature (°C)			L	ab Comments							
.0	Aggregate Water Services														Yes No		Actual Corrected Temp: 5.1			5.1	IR GUN ID: TRZ+.7					
Senits	Address: 25329 Budde Rd STE 701																			ubation Date and Time			Lab Rejected Code (LR) - Document Reason:			
eport R	City:	The Woodla		State:			ı:	TX		Zip Coc	Zip Code: 77380				Start Date and T	ime: 4	ne: 4/23/25 1038 ne: 4/24/25 1051		38 P	Analyst: \$400 An						
r	Phone #:	936.321.77	21.7721					nail:								End Date and T	2412	9 103			g and Appro	oval				
* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES										Laboratory Appro	Aboratory Approval: Faith Edwards Date: 9/24/25 Time Reported to PWS By: Faith Edwards Date: 9/24/25 Time Da						5 Time: 116	00								
Sample Identification/Location Sample Type (√ one) C							Col	Collected Chlorine Residual						Reported to PWS	PWS By: Fai			rith	Edu	rorde	_ Date: 9/24/	25 Time: 111	0			
1	Jse sample site	location/address ide	(uo										Original Sample ID						Laboratory Analysis Res							
system's RTCR Sample Siting Plan						-		ction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L	ment	and Date of Collection (Repeat, TSM Raw	tion	Rejection Code (if applicable) -	Test Method:		SM9223B	- Coliler	Secretary Control of the Control	lilert 18	Analysis Results meet all accreditation requir unless stated otherwise.		irements	
F	aw Wells: Use	Well Source ID (Ex:	G1234567A)	Routine (Distribution)	Repeat	Raw Well	Special *	Construction		(HHMM)			Replacement	The state of the s	Replacement)	Please Recollect	Absent			Present	Absent	Present	Laboratory	Sample ID Number		
12	336 N C	HESTER HII	LL	~	L.		O,		9.22.25	Man	1.56						V		V				251090	6		
									POP OF	000	1.5-						П		П	П	П					
																			$\Box$							
_																					Ī					
_				+		+		$\vdash$													H					
				+				-												H						
						-		-																		
						-									+	H	H									
																	믐									
																					Ш					
****	III AND ED ALLO MA	I acknowledge t	that samples v	were h	andle	ed app	oropri	iately	and all inform	nation is accurat	e. Falsifica	ition of th	is for	m or tampe	ring with	water samples is	s a crime	e punishal	le under st	ate and/or	federal lav	w. (Texas Pe	nal Code, Title 8, Chap	ter 37.10)		
Sampler Name (Print): Jason Keasling Sample							Sampler Signatu	ture: Jan Kea				ly !			Sampler Phone #: 936.524.4882			.4882								
Sampler Email: Jason@B3labs.net										O			ator Licens applicable)		O0025	5042										
Relinquished By Sampler:						Date and Time	9.					ceived By (if applicable):	ble):						Date and Time:							
F	telinquished I					U				Date and Time			ı		Rece	ived By Lab:			77	40	1	.1.	Date and Time:	4/23/201	14:54	