

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 **2470002**

Public Water System Name: **City of Poth**

Report Results To:
 Name: **Kennith Griffin**
 Address: **200 n Carroll**
 City: **Poth** State: **TX** Zip Code: **78147**
 Phone #: **830.848.2111** PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **3.2** Corrected Temp: **3.2** Lab Comments: **Gun B**

Incubation Date and Time: Start Date and Time: **1-26-24/1536** Analyst: **MS**
 End Date and Time: **1-27-24/0954** Analyst: **MS**

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Laboratory Approval: *[Signature]* Date: **01/27/24** Time: **6:23**
 Reported to PWS By: *[Signature]* Date: **1-27-24** Time: **1006**

Sample Identification/Location <small>Use sample site location/address identified in the system's RTR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)	Rejection Code (if applicable) - Please Recollect	Test Method: Coli-ert 18	Laboratory Analysis Results					
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L					Chlorine Check		Total Coliform		E. coli	
														Absent	Present	Absent	Present	Absent	Present
501 Green St	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-26-24	1004	1.7		<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AC26103		
123 Sylvester St.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-24-24	1013	1.4		<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AC26104		
209 E. Westmeyer St.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-26-24	1028	1.6		<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AC26105		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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): **Leonard Moya** Sampler Signature: *[Signature]* Sampler Phone #: **361.288.5983**

Sampler Email: **leonardmoya3@gmail.com** Operator License # (if applicable): **WS0010181**

Relinquished By Sampler: *[Signature]* Date and Time: **1-26-24 1459** Received By Courier (if applicable): *[Signature]* Date and Time: **1/26/24 1459**

Relinquished By Courier: *[Signature]* Date and Time: **1/26/24 1459** Received By Lab: *[Signature]* Date and Time: **1/26/24 1459**

TCEQ Microbial Reporting Form (TCEQ-10525)

Form Instructions: www.tceq.texas.gov/drinkingwater/microbial/reviced-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 1560002

Public Water System Name: McMullen County WCID 1

Report Results To:
 Name: Alan Brown
 Address: Po Box 4
 City: Tilden State: Tx Zip Code: 78072
 Phone #: 830-486-3068 PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 1.6 Corrected Temp: 1.6 Lab Comments: Gun: B

Incubation Date and Time Lab Rejected Code (LR) - Document Reason:

Start Date and Time: 1-30-24/1544 Analyst: MS
 End Date and Time: 1-31-24/1038 Analyst: MS

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 01/31/24 Time: 1232
 Reported to PWS By: [Signature] Date: 1-31-24 Time: 1051

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: <u>Coliform 18</u>						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC26308</u>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC26309</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Leonardo Moya Sampler Signature: [Signature] Sampler Phone #: 361-288-5543
 Sampler Email: leonardomoya3@gmail.com Operator License # (if applicable): WS0010181

Relinquished By Sampler: [Signature] Date and Time: 1-30-24 1549 Received By Courier (if applicable): [Signature] Date and Time:
 Relinquished By Courier: [Signature] Date and Time: Received By Lab: [Signature] Date and Time: 1/30/24 1549

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 1420006

Public Water System Name: Fowlerton WSC

Name: Fowlerton WSC
 Address: PO Box 537
 City: Fowlerton State: TX Zip Code: 78021
 Phone #: 830.486.3068 PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ctctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 4.0 Corrected Temp: 4.0 Lab Comments: Guen-B
 Incubation Date and Time: Start Date and Time: 1-8-24/1501 Analyst: MS End Date and Time: 1-9-24/0836 Analyst: MS
 Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 01/05/24 Time: 1030
 Reported to PWS By: [Signature] Date: 1-9-24 Time: 0950

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: Test Method: Colilert 18
 Chlorine Check: Absent Present Total Coliform: Absent Present E. coli: Absent Present
 Analysis Results meet all accreditation requirements unless stated otherwise.

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Disinfection)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
48 Knoxville				✓		1-8-24	1058	1.4			

Laboratory Sample ID Number: AC25037

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): Leonel Moya Sampler Signature: [Signature] Sampler Phone #: 361.288.5983
 Sampler Email: leonelmoya3@gmail.com Operator License # (if applicable): W560181
 Relinquished By Sampler: [Signature] Date and Time: 1-8-24 1444 Received By Courier (if applicable): [Signature] Date and Time:
 Relinquished By Courier: [Signature] Date and Time: Received By Lab: [Signature] Date and Time: 1/8/24 1444

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 0070002

Public Water System Name: City of Jourdanton

Name: James Keller

Address: 1604 Hwy 97 East Ste. A

City: Jourdanton State: TX Zip Code: 78026

Phone #: 830-769-3589 PWS Email:

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@ctexas.com



TCEQ Laboratory ID:
T104704386

Report Results To:

Laboratory Analysis

Sample Iced?	Temperature (°C)				Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: <u>4.0</u>	Corrected Temp: <u>4.0</u>			<u>Gen: B</u>
Incubation Date and Time					Lab Rejected Code (LR) - Document Reason:
Start Date and Time: <u>1-8-24/1501</u>	Analyst: <u>MS</u>				
End Date and Time: <u>1-9-24/0834</u>	Analyst: <u>MS</u>				

Result Reporting and Approval

Laboratory Approval: <u>[Signature]</u>	Date: <u>01/09/24</u>	Time: <u>1600</u>
Reported to PWS By: <u>[Signature]</u>	Date: <u>1-9-24</u>	Time: <u>0950</u>

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: <u>Colilert 18</u>	Analysis Results meet all accreditation requirements unless stated otherwise.				
	Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent Present	Absent Present	Absent Present	Absent Present		
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<u>AC25033</u>
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<u>AC25034</u>
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<u>AC25035</u>
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<u>AC25036</u>

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Sampler Name (Print): <u>Leonard Moya</u>	Sampler Signature: <u>[Signature]</u>	Sampler Phone #: <u>361-288-5983</u>
Sampler Email: <u>leonardmoya30@gmail.com</u>	Operator License # (if applicable): <u>650010181</u>	
Relinquished By Sampler: <u>[Signature]</u>	Date and Time: <u>1-8-24 1444</u>	Received By Courier (if applicable): <u>[Signature]</u>
Relinquished By Courier:	Date and Time:	Received By Lab: <u>[Signature]</u>
		Date and Time: <u>1/8/24 1444</u>

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1250003
(Must be 7 digits; include all zeros)

Public Water System Name: City of Premont

Report Results To:
 Name: City of Premont
 Address: 200 S. Agnes St.
 City: Premont State: Texas Zip Code: 78375
 Phone #: 830-278-6810 PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ctctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 3.4 Corrected Temp: 3.4 Lab Comments: Gun: B
 Incubation Date and Time: Start Date and Time: 1-17-24/1539 Analyst: MS End Date and Time: 1-18-24/1026 Analyst: MS
 Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 01/18/24 Time: 1106
 Reported to PWS By: [Signature] Date: 1-18-24 Time: 1032

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coliform 18						Analysis Results meet all accreditation requirements unless stated otherwise.					
	Chlorine Check		Total Coliform		E. coli		Laboratory Sample ID Number					
	Absent	Present	Absent	Present	Absent	Present						
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC25577					
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC25578					
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC25579					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

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Sampler Name (Print): Leonardo Moya Sampler Signature: [Signature] Sampler Phone #: 361.288.5983
 Sampler Email: leonardomoya3@gmail.com Operator License # (if applicable): W50010181
 Relinquished By Sampler: [Signature] Date and Time: 1-17-24 1433 Received By Courier (if applicable): Date and Time:
 Relinquished By Courier: Date and Time: Received By Lab: [Signature] Date and Time: 1/17/24 1443

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/reviced-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 1780012

Public Water System Name: City of Driscoll

Report Results To:

Name: City of Driscoll
 Address: PO Box 178
 City: Driscoll State: TX Zip Code: 78351
 Phone #: 830-486-3068 PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 3.4 Corrected Temp: 3.4 Lab Comments: Gun-B
 Incubation Date and Time: Start Date and Time: 1-17-24/1039 Analyst: MS End Date and Time: 1-18-24/1026 Analyst: MS
 Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 01/18/24 Time: 1106
 Reported to PWS By: [Signature] Date: 1-18-24 Time: 1032

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coliform 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC25580
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Leonard Moya Sampler Signature: [Signature] Sampler Phone #: 361-288-5983
 Sampler Email: leonardmoya3@gmail.com Operator License # (if applicable): WS6010181
 Relinquished By Sampler: [Signature] Date and Time: 1-17-24 1443 Received By Courier (if applicable): [Signature] Date and Time:
 Relinquished By Courier: [Signature] Date and Time: Received By Lab: [Signature] Date and Time: 1/17/24 1443

TCEQ Microbial Reporting Form (TCEQ-10525)

Form Instructions: www.tceq.texas.gov/drinkingwater/microbial/revvised-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX **0070002**
(Must be 7 digits; include all zeros)

Public Water System Name: **City of Jourdanton**

Report Results To:
 Name: **James Keller**
 Address: **1604 Hwy 97 East, Ste A**
 City: **Jourdanton** State: **TX** Zip Code: **78026**
 Phone #: **830.767.3589** PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: cwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced? Yes No
 Temperature (°C) Actual Temp: **1.9** Corrected Temp: **1.9** Lab Comments: **Gun: B**
 Incubation Date and Time: Start Date and Time: **1-19-24/1520** Analyst: **MS**
 End Date and Time: **1-20-24/1010** Analyst: **MM**
 Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: Date: Time:
 Reported to PWS By: **V. Mays** Date: **1-20-24** Time: **1010**

Laboratory Analysis Results

Rejection Code (If applicable) - Please Recollect	Test Method: Coli-ert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC25716
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC25717
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC25718
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC25719
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **Leonard Moya** Sampler Signature: Sampler Phone #: **361.288.5983**
 Sampler Email: **leonard@moya3-gm.com** Operator License # (If applicable): **W50010181**
 Relinquished By Sampler: Date and Time: **1.19.22 1506** Received By Courier (if applicable): Date and Time:
 Relinquished By Courier: Date and Time: Received By Lab: **Daniel J...** Date and Time: **1/19/24 1506**

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1490016
(Must be 7 digits; include all zeros)

Public Water System Name: Buckeye Knoll

Name: Helw Scott
Address: 227 Fremow Circle
City: George West State: Tx Zip Code: 78022
Phone #: 361.288.5583 PWS Email:

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: <u>1.9</u>	Corrected Temp: <u>1.9</u>	<u>Gen: B</u>
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: <u>1-19-24/1520</u>	Analyst: <u>MS</u>		
End Date and Time: <u>1-20-24/1010</u>	Analyst: <u>MM</u>		

Result Reporting and Approval

Laboratory Approval:	Date:	Time:
Reported to PWS By: <u>V. M. Mays</u>	Date: <u>1-20-24</u>	Time: <u>1010</u>

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: <u>Colitert 18</u>	Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check	Total Coliform
	E. coli	
	Absent Present	Absent Present
	Absent Present	Absent Present

Laboratory Sample ID Number

AC25720

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)											
<u>Pack</u>	<input checked="" type="checkbox"/>					<u>1-19-22</u>	<u>1215</u>	<u>1.0</u>		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

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): <u>Leonard Moya</u>	Sampler Signature:	Sampler Phone #: <u>361.288.5583</u>
Sampler Email: <u>leonardmoya3@gmail.com</u>	Operator License # (if applicable): <u>W50010181</u>	
Relinquished By Sampler:	Date and Time: <u>1-19-23 1506</u>	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab: <u>Penel J</u>
		Date and Time: <u>1/19/24 1506</u>

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1560001
(Must be 7 digits; include all zeros)

Public Water System Name: McMullen

Report Results To:
 Name: McMullen County WCID2
 Address: 199 Recreational Rd 8
 City: Collihan State: TX Zip Code: 78007
 Phone #: 830-486-3068 PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced? Yes No
 Temperature (°C) Actual Temp: 3.2 Corrected Temp: 3.2 Lab Comments: Gun: B
 Incubation Date and Time: Start Date and Time: 6-25-24/1536 Analyst: MS
 End Date and Time: 6-27-24/0857 Analyst: MS
 Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 6/19/24 Time: 0824
 Reported to PWS By: [Signature] Date: 6-27-24 Time: 1006

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-1ert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC210100
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC20157
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Leonard Moran Sampler Signature: [Signature] Sampler Phone #: 361-288-5983
 Sampler Email: leonardmoran3@gmail.com Operator License # (if applicable): 2050010181
 Relinquished By Sampler: [Signature] Date and Time: 6-26-24 1459 Received By Courier (if applicable): [Signature] Date and Time:
 Relinquished By Courier: [Signature] Date and Time: Received By Lab: [Signature] Date and Time: 6/26/24 1459

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 0070002

Public Water System Name: City of Jourdanton

Report Results To:
 Name: James Keller
 Address: 1604 Hwy 97 East St. A
 City: Jourdanton State: TX Zip Code: 78026
 Phone #: 830-769-3589 PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 2.7	Corrected Temp: 2.7	Gun: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 2-9-24/1436	Analyst: MS		
End Date and Time: 2-10-24 0847	Analyst: CF		

Result Reporting and Approval

Laboratory Approval: <i>[Signature]</i>	Date: 02/12/24	Time: 0857
Reported to PWS By: CF	Date: 2-10-24	Time: 0847

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: 31.1ert 18						Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	Chlorine Check		Total Coliform		E. coli			
	Absent	Present	Absent	Present	Absent	Present		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC26840	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC26841	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC26842	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC26843	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): Leonard Moya	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 361-288-5983
Sampler Email: leonardo.moya7@gmail.com	Operator License # (if applicable): W50010181	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 2-9-24 1327	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 2/9/24 1327

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 1490016

Public Water System Name: Buckeye Knoll

Report Results To:
 Name: Helen Scott
 Address: 229 Freeman Circle
 City: Groves West State: TX Zip Code: 78022
 Phone #: 361-288-5583 PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ctctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced? Yes No
 Temperature (°C) Actual Temp: 2.7 Corrected Temp: 2.7
 Lab Comments: Guen B
 Incubation Date and Time: Start Date and Time: 2-9-24/14:36 Analyst: MS
 End Date and Time: 2-10-24 08:47 Analyst: CF
 Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 02/12/24 Time: 0857
 Reported to PWS By: CF Date: 2-10-24 Time: 0847

Laboratory Analysis Results

Sample Identification/Location Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)	Sample Type (√ one)					Collected		Chlorine Residual		Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)	Rejection Code (if applicable) - Please Recollect	Test Method: Coliform 18						Analysis Results meet all accreditation requirements unless stated otherwise.	
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L			Replacement	Chlorine Check		Total Coliform		E. coli		
													Absent	Present	Absent	Present	Absent		Present
Park	✓					2-9-24	1115	1.1		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC268244		
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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): Leonard Moya Sampler Signature: [Signature] Sampler Phone #: 361-288-5583
 Sampler Email: leonardo.moya3@gmail.com Operator License # (if applicable): W50010181
 Relinquished By Sampler: [Signature] Date and Time: 2-9-24 1327 Received By Courier (if applicable): [Signature] Date and Time:
 Relinquished By Courier: [Signature] Date and Time: 2/9/24 1327 Received By Lab: [Signature] Date and Time: 2/9/24 1327

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1420006
(Must be 7 digits; include all zeros)

Public Water System Name: Fowlerton WSC

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 14.4	Corrected Temp: 14.4	Gun. B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 2-22-24/1422	Analyst: MS		
End Date and Time: 2-23-24/0906	Analyst: MS		

Report Results To:

Name: Fowlerton WSC
Address: P.O. Box 537
City: Fowlerton State: TX Zip Code: 78021
Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Laboratory Approval: *[Signature]* Date: 02/23/24 Time: 0932
Reported to PWS By: *[Signature]* Date: 2-23-24 Time: 6926

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colilert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC27562
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC27563
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Leonard Moya	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email:	Operator License # (if applicable): W5060181	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 2/22/24 1146	Received By Courier (if applicable): <i>[Signature]</i> Date and Time: 2/22/24 1251
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 2/22/24 1251	Received By Lab: <i>[Signature]</i> Date and Time: 2/22/24 1251

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1560002
(Must be 7 digits; include all zeros)

Public Water System Name: McMULLEN COUNTY WCID1

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 14.4	Corrected Temp: 14.4	Gun: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 2-22-24/1422	Analyst: MS		
End Date and Time: 2-23-24/0906	Analyst: MS		

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 02/23/24 Time: 0932
Reported to PWS By: *[Signature]* Date: 2-23-24 Time: 0926

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-ert 18	Analysis Results meet all accreditation requirements unless stated otherwise.					
	Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number	
	Absent Present	Absent Present	Absent Present	Absent Present			
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	AC27504	
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	AC27505	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

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): Leonard Moya	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email:	Operator License # (if applicable): WS0010181	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 2/22/24 1146	Received By Courier (if applicable): <i>[Signature]</i> Date and Time: 2/22/24 2146
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 2/23/24 1251	Received By Lab: <i>[Signature]</i> Date and Time: 2/23/24 1251

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 1560001

Public Water System Name: McMULLEN COUNTY WCID2

Report Results To:

Name: James Teal
 Address: 199 Recreation Rd 8
 City: Calliham State: TX Zip Code: 78007
 Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 14.4	Corrected Temp: 14.4	Gen: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 2-22-24/1422	Analyst: MS		
End Date and Time: 2-23-24/0906	Analyst: MS		

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 02/23/24 Time: 0933
 Reported to PWS By: *[Signature]* Date: 2-23-24 Time: 0926

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colilert 18						Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	Chlorine Check		Total Coliform		E. coli			
	Absent	Present	Absent	Present	Absent	Present		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC27566	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC27567	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): Leonard Moya	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email:	Operator License # (if applicable): W56010181	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 2/22/24 1146	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 2/22/24 1251	Received By Lab: <i>[Signature]</i>
		Date and Time: 2/22/24 1251

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1250003
(Must be 7 digits; include all zeros)

Public Water System Name: City of Premont

Report Results To:
 Name: City of Premont
 Address: 200 S. Agnes St.
 City: Premont State: Texas Zip Code: 78375
 Phone #: 830-278-6810 PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced? Yes No
 Temperature (°C): Actual Temp: 7-8 Corrected Temp: 8-8
 Lab Comments: Green: B
 Incubation Date and Time: Start Date and Time: 2-28-24/1450 Analyst: MS
 End Date and Time: 2-29-24/0927 Analyst: MS
 Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 02/29/24 Time: 10:09
 Reported to PWS By: [Signature] Date: 2-29-24 Time: 0940

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coliform 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC27950
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC27951
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC27952
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Leonard Moya Sampler Signature: [Signature] Sampler Phone #: 830 486-3068
 Sampler Email: n/a Operator License # (if applicable): WS0010181
 Relinquished By Sampler: [Signature] Date and Time: 2/28/24 1113 Received By Courier (if applicable): [Signature] Date and Time: 2/28/24 1113
 Relinquished By Courier: [Signature] Date and Time: 2/28/24 1133 Received By Lab: [Signature] Date and Time: 2/28/24 1133

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1780012
(Must be 7 digits; include all zeros)

Public Water System Name: City of Driscoll

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 8-8	Corrected Temp: 8-8	Gen: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 2-28-24/1450	Analyst: MS		
End Date and Time: 2-29-24/0927	Analyst: MS		

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 02/29/24 Time: 1019
 Reported to PWS By: *[Signature]* Date: 2-29-24 Time: 0940

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-ert 18	Analysis Results meet all accreditation requirements unless stated otherwise.					
	Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number	
	Absent Present	Absent Present	Absent Present	Absent Present			
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	AC27953	

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Garrett	✓					2/28/24	1026	1.20		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

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): Leonard Moya	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: <i>[Email]</i>	Operator License # (if applicable): WS0010181	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 2/28/24 1113	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 2/28/24 1133	Received By Lab: <i>[Signature]</i>
		Date and Time: 2/28/24 1133

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 2470002
(Must be 7 digits; include all zeros)

Public Water System Name: CITY OF POTH

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Report Results To:

Name: Kenneth Griffin
Address: 200 N. Carroll
City: Poth State: TX Zip Code: 78147
Phone #: 830-848-2111 PWS Email: mbalarinjuarez@nueces-ra.org

Laboratory Analysis			
Sample Tested?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 8.8	Corrected Temp: 8.8	Gen: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 2-28-24/1450	Analyst: MS		
End Date and Time: 2-29-24/0927	Analyst: MS		

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Laboratory Approval: <i>[Signature]</i>	Date: 02/29/24	Time: 10:30
Reported to PWS By: <i>[Signature]</i>	Date: 2-29-24	Time: 0940

Sample Identification/Location <small>Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (✓ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
501 Voges St.	✓					2/27/24	1155	0.93		<input type="checkbox"/>	
804 Coy St.	✓					2/27/24	1204	1.10		<input type="checkbox"/>	
608 W. Starts St.	✓					2/27/24	1220	0.71		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Rejection Code (if applicable) - Please Recollect	Test Method: Coliform 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC27954
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC27955
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC27956
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Leonard Moya	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): WS 0010181	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 2/28/24 11:3	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 2/28/24 11:33	Received By Lab: <i>[Signature]</i>
		Date and Time: 2/28/24 11:33

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 0070002

Public Water System Name: City of Jourdanton

Report Results To:

Name: City of Jourdanton
 Address: 1604 Hwy 97 East, Ste.A
 City: Jourdanton State: TX Zip Code: 78026
 Phone #: 830-486-3068 PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 88	Corrected Temp: 8.8	Green B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 2-28-24/1450	Analyst: MS		
End Date and Time: 2-29-24/0927	Analyst: MS		

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 02/29/24 Time: 1030
 Reported to PWS By: *[Signature]* Date: 2-29-24 Time: 0940

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colilert 18						Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	Chlorine Check		Total Coliform		E. coli			
	Absent	Present	Absent	Present	Absent	Present		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC27957	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC27958	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC27959	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC27960	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): Leonard Moya	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: nm	Operator License # (if applicable): WS0010181	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 2/28/24 1113	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 2/28/24 1133	Received By Lab: <i>[Signature]</i>
		Date and Time: 2/28/24 1133

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 1420006

Public Water System Name: Fowlerton WSC

Name: Fowlerton WSC
 Address: P.O. Box 537
 City: Fowlerton State: TX Zip Code: 78021
 Phone #: 830-486-3068 PWS Email: mbalwinjuez@nwcces-ra.org

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ctctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 6.9 Corrected Temp: 6.9 Lab Comments: Gun B
 Incubation Date and Time: Start Date and Time: 3-23-24/1039 Analyst: MS End Date and Time: 3-24-24/1040 Analyst: MS
 Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 3/24/24 Time: 0810
 Reported to PWS By: [Signature] Date: 3-24-24 Time: 1051

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: <u>Colibert</u>						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC29513</u>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC29514</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Marisa Juez Sampler Signature: [Signature] Sampler Phone #: 830-486-3068
 Sampler Email: _____ Operator License # (if applicable): N/A

Relinquished By Sampler: [Signature] Date and Time: 3/23/24 1027 Received By Courier (if applicable): _____ Date and Time: _____
 Relinquished By Courier: _____ Date and Time: _____ Received By Lab: [Signature] Date and Time: 3-23-24/1027

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 1560001

Public Water System Name: McMULLEN COUNTY WCID2

Report Results To:

Name: James Teal
 Address: 199 Recreation Rd 8
 City: Calliham State: TX Zip Code: 78007
 Phone #: 830-486-3068 PWS Email: mbalman@mcid2.com

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



Laboratory Analysis

Sample Iced? Yes No Temperature (°C)
 Actual Temp: 12.5 Corrected Temp: 12.5 Lab Comments: Gun: B
 Incubation Date and Time
 Start Date and Time: 3-21-24/0843 Analyst: UP
 End Date and Time: 3-22-24/0932 Analyst: MS
 Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 03/21/24 Time: 11:22
 Reported to PWS By: [Signature] Date: 3-22-24 Time: 0937

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: [Blank]
 Test Method: Coliform
 Chlorine Check: Absent Present Total Coliform: Absent Present E. coli: Absent Present
 Analysis Results meet all accreditation requirements unless stated otherwise.

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
G1560001A			✓			3/20/24	10:45 AM	0		<input type="checkbox"/>	
159 Quail Run	✓					3/20/24	10:57 AM	0.84		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

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): Leonard Moya Sampler Signature: [Signature] Sampler Phone #: 830-486-3068
 Sampler Email: N/A Operator License # (if applicable): W50010181
 Relinquished By Sampler: [Signature] Date and Time: 3/20/2024 1545 Received By Courier (if applicable): [Signature] Date and Time: 3/20/24 1545
 Relinquished By Courier: [Signature] Date and Time: 3/21/2024 0813 Received By Lab: [Signature] Date and Time: 3/21/24 813

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 2470002
(Must be 7 digits; include all zeros)

Public Water System Name: CITY OF POTH

Report Results To:

Name: Kenneth Griffin
Address: 200 N. Carroll
City: Poth TX Zip Code: 78147
Phone #: ~~830-848-2111~~ PWS Email: mbalarinjuarez@nueces-ra.org

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 12.5	Corrected Temp: 12.5	Gen: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 3-21-24/0843	Analyst: VP		
End Date and Time: 3-22-24/0932	Analyst: MS		

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 03/22/24 Time: 1622
Reported to PWS By: *[Signature]* Date: 3-22-24 Time: 0937

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colibert						Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	Chlorine Check		Total Coliform		E. coli			
	Absent	Present	Absent	Present	Absent	Present		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC29377	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC29378	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC29379	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): Leonard Moya	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): W50010181	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 3/21/2024 1545	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 3/21/2024 0813	Received By Lab: <i>[Signature]</i>
		Date and Time: 3/21/24 813

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 1560002

Public Water System Name: McMULLEN COUNTY WCID1

Report Results To:

Name: James Teal
 Address: P.O. Box 4
 City: Tilden State: TX Zip Code: 78072
 Phone #: 830-486-3068 PWS Email: mbalarinjuarez@news-rx.com

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 48	Corrected Temp: 4.8	B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time:	3-28-24 1521	Analyst:	VP
End Date and Time:	3-29-24/0926	Analyst:	MS

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 03/29/24 Time: 1021
 Reported to PWS By: *[Signature]* Date: 3-29-24 Time: 0950

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colilert-18	Analysis Results meet all accreditation requirements unless stated otherwise.					
	Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number	
	Absent Present	Absent Present	Absent Present	Absent Present			
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	A029877	
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	A029878	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): Leonard Moya	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): WS0010181	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 3/28/24 1126	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 3/28/2024 1139	Date and Time: 3/28/2024 1126
	Received By Lab: <i>[Signature]</i>	Date and Time: 3/28/24 1139

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 1420006

Public Water System Name: Fowlerton WSC

Report Results To:

Name: Fowlerton WSC
 Address: P.O. Box 537
 City: Fowlerton State: TX Zip Code: 78021
 Phone #: 830-486-3068 PWS Email: mbalarin@ccw.texas.gov

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special*	Construction*	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Fire Hydrant by Lewis	✓					3/27/24	1540	0.63		<input type="checkbox"/>	
61420006A			✓			3/27/24	1551	0		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 4.8	Corrected Temp: 4.8	B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 3-28-24 1521	Analyst: VP		
End Date and Time: 3-29-24/0926	Analyst: MS		

Result Reporting and Approval

Laboratory Approval: <i>[Signature]</i>	Date: 03/29/24	Time: 1021
Reported to PWS By: <i>[Signature]</i>	Date: 3-29-24	Time: 0950

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: coliform-18	Analysis Results meet all accreditation requirements unless stated otherwise.					
	Chlorine Check		Total Coliform		E. coli		Laboratory Sample ID Number
Absent	Present	Absent	Present	Absent	Present		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC29879	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC29880	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): Leonard Moya	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): WS0010181	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 3/28/24 1126	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 3/28/2024 1139	Received By Lab: <i>[Signature]</i>
		Date and Time: 3/28/2024 1139

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 **1250003**

Public Water System Name: **City of Premont**

Report Results To:
 Name: **City of Premont**
 Address: **200 S. Agnes St.**
 City: **Premont** State: **Texas** Zip Code: **78375**
 Phone #: **830-278-6810** PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)			Lab Comments	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp:	4.8	Corrected Temp:	4.8	B

Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time:	3-28-24 1521	Analyst:	VP
End Date and Time:	3-29-24/0926	Analyst:	MS

Result Reporting and Approval

Laboratory Approval:	<i>[Signature]</i>	Date:	02/29/24	Time:	1021
Reported to PWS By:	<i>[Signature]</i>	Date:	3-29-24	Time:	0950

Laboratory Analysis Results

*** SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES**

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
923 SW 7th St.	✓					3/28/24	0927	1.41		<input type="checkbox"/>	
304 SE 6th St.	✓					3/28/24	0941	1.70		<input type="checkbox"/>	
200 SW 1st St.	✓					3/28/24	0956	1.64		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Rejection Code (if applicable) - Please Recollect	Test Method: colifert-18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
Laboratory Sample ID Number							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC29881
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC29882
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC29883
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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):	Leonard Meyer	Sampler Signature:	<i>[Signature]</i>	Sampler Phone #:	830-486-3068
Sampler Email:	N/A	Operator License # (if applicable):	W50010181		
Relinquished By Sampler:	<i>[Signature]</i>	Date and Time:	3/28/24 1124	Received By Courier (if applicable):	<i>[Signature]</i>
Relinquished By Courier:	<i>[Signature]</i>	Date and Time:	3/29/2024 1129	Received By Lab:	<i>[Signature]</i>
		Date and Time:		Date and Time:	3/28/2024 1120
		Date and Time:		Date and Time:	3/28/24 1129

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 1780012
(Must be 7 digits; include all zeros)

Public Water System Name: City of Driscoll

Name: Mark Gonzales
Address: P.O. Box 178
City: Driscoll State: TX Zip Code: 78351
Phone #: 830-486-3068 PWS Email:

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
105 CR 81	✓					3/28/24	0810	1.2		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



Laboratory Analysis					
Sample Iced?	Temperature (°C)			Lab Comments	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 4.8	Corrected Temp: 4.8		B	
Incubation Date and Time					Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 3-28-24 1521	Analyst: VP				
End Date and Time: 3-29-24 0926	Analyst: MS				

Result Reporting and Approval
Laboratory Approval: [Signature] Date: 03/29/24 Time: 1022
Reported to PWS By: [Signature] Date: 3-29-24 Time: 0950

Rejection Code (if applicable) - Please Recollect	Test Method: ColiKert-18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laboratory Sample ID Number: AC29884
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Leonard Moya Sampler Signature: [Signature] Sampler Phone #: 830-486-3068
Sampler Email: N/A Operator License # (if applicable): WS 0010181
Relinquished By Sampler: [Signature] Date and Time: 3/28/24 1126 Received By Courier (if applicable): [Signature] Date and Time: 3/28/2024 1139
Relinquished By Courier: [Signature] Date and Time: 3/28/2024 1139 Received By Lab: [Signature] Date and Time: 3/28/24 1139

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 0070002

Public Water System Name: City of Jourdanton

Report Results To:

Name: City of Jourdanton

Address: 1604 Hwy 97 East, Ste.A

City: Jourdanton State: TX Zip Code: 78026

Phone #: 830-486-3068 PWS Email: *mbaloring@jour20.com*

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 4.8 Corrected Temp: 4.8 Lab Comments: B

Incubation Date and Time

Start Date and Time: 3-28-24 1521 Analyst: VP
End Date and Time: 3-29-24 0926 Analyst: MS

Lab Rejected Code (LR) - Document Reason:

Laboratory Approval: *[Signature]* Date: 03/29/24 Time: 1022
Reported to PWS By: *[Signature]* Date: 3-29-24 Time: 0950

Result Reporting and Approval

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: Test Method: Colilert-L8 Analysis Results meet all accreditation requirements unless stated otherwise.

Chlorine Check: Absent Present Total Coliform: Absent Present E. coli: Absent Present

Laboratory Sample ID Number	Chlorine Check		Total Coliform		E. coli	
	Absent	Present	Absent	Present	Absent	Present
AC29885	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AC29886	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AC29887	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AC29888	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AC29889	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AC29890	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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): Leonard Moya Sampler Signature: *[Signature]* Sampler Phone #: 830-486-3068
 Sampler Email: n/a Operator License # (if applicable): W50010151
 Relinquished By Sampler: *[Signature]* Date and Time: 3/28/24 1134 Received By Courier (if applicable): *[Signature]* Date and Time: 3/28/24 1139
 Relinquished By Courier: *[Signature]* Date and Time: 3/28/24 1139 Received By Lab: *[Signature]* Date and Time: 3/28/24 1139

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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

156 0005

Public Water System Name:

TPWD Choke Canyon State Park Callihan

Report Results To:

Name: Choke Canyon State Park

Address: 4200 Smith School Rd

City: Austin

State: TX

TX

Zip Code:

78744

Phone #:

830-486-3068

PWS Email:

mbalarin@tpwd.texas.gov

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
multi-use 115	✓					3/27/24	1704	0.98			

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



Laboratory Analysis

Sample Iced? Yes No

Temperature (°C)
Actual Temp: 4.8 Corrected Temp: 4.8

Lab Comments: B

Incubation Date and Time
Start Date and Time: 3-28-24 1521 Analyst: VP
End Date and Time: 3-29-24/0926 Analyst: MS

Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 03/29/24 Time: 1022
Reported to PWS By: [Signature] Date: 3-29-24 Time: 0950

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect:

Test Method: colicert-18

Chlorine Check	Total Coliform		E. coli	
	Absent	Present	Absent	Present
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Analysis Results meet all accreditation requirements unless stated otherwise.

Laboratory Sample ID Number: AC29891

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): Leonard Moya Sampler Signature: [Signature] Sampler Phone #: 830-486-3068

Sampler Email: N/A Operator License # (if applicable): W5010181

Relinquished By Sampler: [Signature] Date and Time: 3/28/24 406 Received By Courier (if applicable): [Signature] Date and Time: 3/28/2024 1120

Relinquished By Courier: [Signature] Date and Time: 3/28/2024 1139 Received By Lab: [Signature] Date and Time: 3/28/24 1139

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 **1560001**

Public Water System Name: **McMullen County WCID 2**

Name: **James Teal**

Address: **199 Recreation Rd 8**

City: **Calliham** State: **TX** Zip Code: **78007**

Phone #: **830-486-3068** PWS Email: **mbealoringjames@mcmlen-wcid-2.com**

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **6.1** Corrected Temp: **6.1** Lab Comments: **Gun: B**

Incubation Date and Time Lab Rejected Code (LR) - Document Reason:
Start Date and Time: **4-29-24/1546** Analyst: **MS**
End Date and Time: **4-30-24/0955** Analyst: **MS**

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: **4/30/24** Time: **1004**
Reported to PWS By: *[Signature]* Date: **4-30-24** Time: **1000**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: **ColAlert 18** Test Method: **ColAlert 18**
Chlorine Check: Absent Present Total Coliform: Absent Present E. coli: Absent Present
Analysis Results meet all accreditation requirements unless stated otherwise.

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (✓ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
G1560001A			✓			4-29-24	9:46	1.70		<input type="checkbox"/>	
Community Center	✓					4-29-24	9:15	2.20		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

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): **Tammy Bernsen** Sampler Signature: *[Signature]* Sampler Phone #: **361-947-4993**

Sampler Email: **N/A** Operator License # (if applicable): **W00044184**

Relinquished By Sampler: *[Signature]* Date and Time: **4/29/24 1518** Received By Courier (if applicable): *[Signature]* Date and Time:

Relinquished By Courier: Date and Time: Received By Lab: *[Signature]* Date and Time: **4/29/24 1518**

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 0070002

Public Water System Name: City of Jourdanton

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 7.0	Corrected Temp: 7.0	Gen: A
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 4.24.24 1557	Analyst: CF/EK		
End Date and Time: 4.25.24 1002	Analyst: ms/EK		

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 4/25/24 Time: 0950
 Reported to PWS By: *[Signature]* Date: 4.25.24 Time: 1003

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-18	Analysis Results meet all accreditation requirements unless stated otherwise.					
	Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number	
	Absent Present	Absent Present	Absent Present	Absent Present			
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	AC31691	
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	AC31692	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	AC31693	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	AC31694	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	AC31695	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

Report Results To:

Name: City of Jourdanton
 Address: 1604 Hwy 97 East, Ste.A
 City: Jourdanton State: TX Zip Code: 78026
 Phone #: 830-486-3068 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		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
OR-1	✓					4-24-24	10:23	1.26		<input type="checkbox"/>	
OR-2	✓					4-24-24	10:41	0.81		<input type="checkbox"/>	
OR-3	✓					23	11:50	0.92		<input type="checkbox"/>	
OR-4	✓					4-24-24	11:09	0.92		<input type="checkbox"/>	
OR-5	✓					23				<input type="checkbox"/>	
OR-6	✓					4-24-24	11:41	1.40		<input type="checkbox"/>	
OR-7	✓					23				<input type="checkbox"/>	
OR-8	✓					4-24-24	1:50	1.33		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

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): Tammy Bernsen	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 361-947-4993
Sampler Email: Tammy.Bernsen@hotmail.com	Operator License # (if applicable): 600044184	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 4/24/24 1540	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 4/24/24 1540

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 156 0005

Public Water System Name: T.P.W.D Choke Canyon State Park

Name: Choke Canyon SP

Address: 4200 Smith School Rd

City: Austin State: Tx Zip Code: 78744

Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccetexas.com



Report Results To:

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 6.1 Corrected Temp: 6.1 Lab Comments: Gun-B

Incubation Date and Time: Start Date and Time: 4-29-24/1546 Analyst: MS End Date and Time: 4-30-24/0955 Analyst: MS Lab Rejected Code (LR) - Document Reason:

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 04/30/24 Time: 1100

Reported to PWS By: [Signature] Date: 4-30-24 Time: 1000

Sample Identification/Location <small>Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection <small>(Repeat, TSM Raw Well, Replacement)</small>
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
<u>Shelter 17</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4/29/24</u>	<u>0947</u>	<u>0.27</u>		<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: Coli-18

Chlorine Check	Total Coliform		E. coli		Analysis Results meet all accreditation requirements unless stated otherwise.
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Laboratory Sample ID Number: <u>AC31936</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Tommy Bernsen Sampler Signature: [Signature] Sampler Phone #: 361-947-4993

Sampler Email: Tommy Bernsen@hotmail.com Operator License # (if applicable): W04044184

Relinquished By Sampler: [Signature] Date and Time: 4/29/24 1518 Received By Courier (if applicable): [Signature] Date and Time:

Relinquished By Courier: Date and Time: Received By Lab: [Signature] Date and Time: 4/29/24 1518

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 0070002

Public Water System Name: City of Jourdanton

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 6.1	Corrected Temp: 6.1	Gun-B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 4-29-24/1546	Analyst: MS		
End Date and Time: 4-30-24/0955	Analyst: MS		

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 04/30/24 Time: 1100
 Reported to PWS By: *[Signature]* Date: 4-30-24 Time: 1006

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colilert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC31937
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC31938
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC31939
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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):	Tommy Berzen	Sampler Signature:	<i>[Signature]</i>	Sampler Phone #:	361-947-4993
Sampler Email:	Tommy Berzen@hotmail.com			Operator License # (if applicable):	W00044184
Relinquished By Sampler:	<i>[Signature]</i>	Date and Time:	4/29/24 1518	Received By Courier (if applicable):	
Relinquished By Courier:		Date and Time:		Received By Lab:	<i>[Signature]</i>
				Date and Time:	4/29/24 1518

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 1250003

Public Water System Name: City of Premont

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 4.5	Corrected Temp: 4.5	Gun: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 4.30.24 1534	Analyst: MS/FK		
End Date and Time: 5-1-24/0936	Analyst: MS		

Report Results To:

Name: City of Premont
 Address: 200 S. Agnes St.
 City: Premont State: Texas Zip Code: 78375
 Phone #: 830-278-6810 PWS Email:

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 5/1/24 Time: 0943
 Reported to PWS By: *[Signature]* Date: 5-1-24 Time: 0941

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-18	Analysis Results meet all accreditation requirements unless stated otherwise.					
	Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number	
	Absent Present	Absent Present	Absent Present	Absent Present			
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	AC32014	
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	AC32015	
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	AC32016	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): Tommy Benson	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 361-947-4993
Sampler Email: tommy.benson@hotmail.com	Operator License # (if applicable): 00041824	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 4/30/24 1500	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 4/30/24 1500

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 1780012

Public Water System Name: City of Driscoll

Name: Mark Gonzales
 Address: P.O. Box 178
 City: Driscoll State: TX Zip Code: 78351
 Phone #: 830-486-3068 PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C)
 Actual Temp: 4.5 Corrected Temp: 4.5 Lab Comments: Gun: B
 Incubation Date and Time
 Start Date and Time: 4.30.24 1534 Analyst: MS/FK
 End Date and Time: 5-1-24/0936 Analyst: MS
 Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 5/1/24 Time: 0943
 Reported to PWS By: [Signature] Date: 5-1-24 Time: 0941

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Col: fert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC32017
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Tommy Berner Sampler Signature: [Signature] Sampler Phone #: 361-947-4993

Sampler Email: Tommy Berner@hotmail.com Operator License # (if applicable): W02044184

Relinquished By Sampler: [Signature] Date and Time: 4/30/24 1500 Received By Courier (if applicable): [Signature] Date and Time:

Relinquished By Courier: [Signature] Date and Time: 4/30/24 1500 Received By Lab: [Signature] Date and Time: 4/30/24 1500

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 1560002

Public Water System Name: McMULLEN COUNTY WCID1

Name: James Teal
 Address: P.O. Box 4
 City: Tilden State: TX Zip Code: 78072
 Phone #: 830-486-3068 PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis			
Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 4.5	Corrected Temp: 4.5	Gum: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 4.30.24 1534	Analyst: MS/PK		
End Date and Time: 5-1-24/0936	Analyst: MS		

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Laboratory Approval: *[Signature]* Date: 05/01/24 Time: 0943
 Reported to PWS By: *[Signature]* Date: 5-1-24 Time: 0941

Sample Identification/Location <small>Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special*	Construction*	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Tilden WWTP	✓					4-30-24	12:10	2.20		<input type="checkbox"/>	
G1560002A			✓			4-30-24	12:20	2.10		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC32018
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC32019
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): *Thomas Bernsen* Sampler Signature: *[Signature]* Sampler Phone #: 361-947-4993
 Sampler Email: *Thomas.Bernsen@hotmail.com* Operator License # (if applicable): *LS02044184*
 Relinquished By Sampler: *[Signature]* Date and Time: 4/30/24 1500 Received By Courier (if applicable): Date and Time:
 Relinquished By Courier: Date and Time: Received By Lab: *[Signature]* Date and Time: 4/30/24 1500

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



TCEQ Laboratory ID:
T104704386

Public Water System ID: (Must be 7 digits; include all zeros) TX **2470002**

Public Water System Name: **City of Poth**

Name: **City of Poth**

Address: **200 N Carroll**

City: **Poth** State: **TX** Zip Code: **78147**

Phone #: **830-486-3068** PWS Email: **mbalarin@potech.com**

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **6.0** Corrected Temp: **6.0** Lab Comments: **Gun. B**

Incubation Date and Time

Start Date and Time: **5-1-24/1420** Analyst: **MS**

End Date and Time: **5-2-24/0843** Analyst: **MS**

Lab Rejected Code (LR) - Document Reason:

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Laboratory Approval: *[Signature]* Date: **5/1/24** Time: **1100**

Reported to PWS By: *[Signature]* Date: **5-2-24** Time: **0856**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: **Cold + 18**

Test Method: **7H**

Analysis Results meet all accreditation requirements unless stated otherwise.

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
322 Sunshiny						4-30-24	16.25	2.20			
510 Titcomb St						4-30-24	16.35	2.10			
805 Eshenburtg St						4-30-24	16.45	2.00			

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC32101
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC32102
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC32103
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **Jimmy Bernsen** Sampler Signature: *[Signature]* Sampler Phone #: **361-947-4993**

Sampler Email: **JimmyBernsen@hotmail.com** Operator License # (if applicable): **W00644184**

Relinquished By Sampler: *[Signature]* Date and Time: **5/1/24 1345** Received By Courier (if applicable): *[Signature]* Date and Time: **5/1/24 1345**

Relinquished By Courier: *[Signature]* Date and Time: **5/1/24 1345** Received By Lab: *[Signature]* Date and Time: **5/1/24 1345**

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)

Water Utilities Laboratory - City of Corpus Christi

13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Public Water System ID: (Must be 7 digits; include all zeros) TX 1420006

Public Water System Name: Fowlerton WSC

Name: Fowlerton WSC
Address: P.O. Box 537
City: Fowlerton State: TX Zip Code: 78021
Phone #: 830-486-3068 PWS Email:

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 6.0 Corrected Temp: 6.0 Lab Comments: Gun: B

Incubation Date and Time: Start Date and Time: 5-1-24/1420 Analyst: MS End Date and Time: 5-2-24/0843 Analyst: MS

Result Reporting and Approval: Laboratory Approval: [Signature] Date: 05/02/24 Time: 1100 Reported to PWS By: [Signature] Date: 5-2-24 Time: 0856

Laboratory Analysis Results: Rejection Code (if applicable) - Please Recollect: Test Method: Coliform 18 Analysis Results meet all accreditation requirements unless stated otherwise.

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
G1420006 A			✓			4-30-24	17.10	2.20			
851 Colorado	✓					4-30-24	17.26	2.00			

Rejection Code (if applicable) - Please Recollect	Test Method: Coliform 18						Laboratory Sample ID Number
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	✓		✓		✓		AC32104
	✓		✓		✓		AC32105

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): Tammy Bernsen Sampler Signature: [Signature] Sampler Phone #: 361-947-4993
 Sampler Email: TammyBernsen@hotmail.com Operator License # (if applicable): W00044184
 Relinquished By Sampler: [Signature] Date and Time: 5/1/24 1345 Received By Courier (if applicable): Date and Time:
 Relinquished By Courier: Date and Time: Received By Lab: [Signature] Date and Time: 5/1/24 1345

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/reviced-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



TCEQ Laboratory ID:
T104704386

Public Water System ID: (Must be 7 digits; include all zeros) TX **2470002**

Public Water System Name: **City of Poth**

Report Results To:
 Name: **City of Poth**
 Address: **200 N Carroll**
 City: **Poth** State: **TX** Zip Code: **78147**
 Phone #: **830-484-3068** PWS Email: **m.baleriajvaraz@cityofpoth-tx.org**

Laboratory Analysis
 Sample Iced? Yes No
 Temperature (°C): Actual Temp: **11.8** Corrected Temp: **11.8**
 Lab Comments: **GWR: A**
 Incubation Date and Time: Start Date and Time: **5-6-24 16:11** Analyst: **MS/SK**
 End Date and Time: **5-7-24 10:13** Analyst: **MS**
 Lab Rejected Code (LR) - Document Reason:

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Result Reporting and Approval
 Laboratory Approval: *[Signature]* Date: **05/07/24** Time: **1103**
 Reported to PWS By: *[Signature]* Date: **5-7-24** Time: **1015**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: **ColiTest 18**

Analysis Results meet all accreditation requirements unless stated otherwise.

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC32343
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC32344
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)											
G 2070020				<input checked="" type="checkbox"/>		5-6-24	13:47	0		<input type="checkbox"/>	4-30-24
G 2470025				<input checked="" type="checkbox"/>		5-6-24	13:20	0		<input type="checkbox"/>	4-30-24
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

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): **Tommy Bensen** Sampler Signature: *[Signature]* Sampler Phone #: **361-947-4993**
 Sampler Email: **Tommy.bensen@hotmail.com** Operator License # (if applicable): **WD 0044184**
 Relinquished By Sampler: *[Signature]* Date and Time: **5-6-24 1557** Received By Courier (if applicable): *[Signature]* Date and Time:
 Relinquished By Courier: Date and Time: Received By Lab: *[Signature]* Date and Time: **5/6/24 1557**

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 2470002
(Must be 7 digits; include all zeros)

Public Water System Name: City of Poth

Report Results To:

Name: Kenneth Griffin
Address: 200 N. Carroll
City: Poth State: TX Zip Code: 78147
Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location <small>Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special*	Construction*	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
501 Green St.	✓					5-22-24	9:43	1.05		<input type="checkbox"/>	
123 Sylvester St.	✓					5-22-24	10:00	1.65		<input type="checkbox"/>	
209 E. Westmeyer St.	✓					5-22-24	10:25	1.88		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 4.2 Corrected Temp: 4.2 Lab Comments: Given: B

Incubation Date and Time: Start Date and Time: 5-22-24 16:09 Analyst: CF End Date and Time: 5-23-24 11:41 Analyst: MS

Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval: Laboratory Approval: [Signature] Date: 05/23/24 Time: 1402 Reported to PWS By: [Signature] Date: 5-23-24 Time: 1153

Laboratory Analysis Results

Test Method: COLICERT 18

Rejection Code (if applicable) - Please Recollect:

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC33589
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC33590
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC33591
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Analysis Results meet all accreditation requirements unless stated otherwise.

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): Tommy Bernsen Sampler Signature: [Signature] Sampler Phone #: 361-947-4993

Sampler Email: N/A Operator License # (if applicable): W00044184

Relinquished By Sampler: [Signature] Date and Time: 5/22/24 15:18 Received By Courier (if applicable): [Signature] Date and Time: [Blank]

Relinquished By Courier: [Signature] Date and Time: [Blank] Received By Lab: [Signature] Date and Time: 5/22/24 15:18

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 1250003
(Must be 7 digits; include all zeros)

Public Water System Name: City of Premont

Report Results To:

Name: City of Premont
Address: 200 S. Agnes St.
City: Premont State: TX Zip Code: 78375
Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)	Sample Type (✓ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
923 SW 7th St.	✓					5-23-24	8:19	1.88		<input type="checkbox"/>	
304 SE 6th St.	✓					5-23-24	8:24	1.89		<input type="checkbox"/>	
200 SW 1st St.	✓					5-23-24	8:35	1.74		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 15.1	Corrected Temp: 15.1	Green: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 5-23-24/1338	Analyst: MS		
End Date and Time: 5-24-24 0807	Analyst: PK/ma		

Result Reporting and Approval

Laboratory Approval: <i>[Signature]</i>	Date: 05/24/24	Time: 0845
Reported to PWS By: <i>[Signature]</i>	Date: 5-24-24	Time: 0834

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-ert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC336057
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC33608
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC33609
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Tommy Benson	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 361-947-4993
Sampler Email: N/A	Operator License # (if applicable): WOOD 44184	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 5/23/24 959	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 5/23/24 959

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 1780012
(Must be 7 digits; include all zeros)

Public Water System Name: City of Driscoll

Report Results To:

Name: City of Driscoll
Address: P.O. Box 178
City: Driscoll State: TX Zip Code: 78351
Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
105 CR 81	✓					5-23-24	9:27	2.50		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 15.5	Corrected Temp: 15.1	Gen: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 5-23-24/1338	Analyst: NLS		
End Date and Time: 5-24-24/0807	Analyst: MK/JM		

Result Reporting and Approval

Laboratory Approval: <i>[Signature]</i>	Date: 5/24/24	Time: 0845
Reported to PWS By: <i>[Signature]</i>	Date: 5.24.24	Time: 0834

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coliform 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laboratory Sample ID Number: AC331050
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Tammy Benson	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 361-947-4993
Sampler Email: N/A		Operator License # (if applicable): W00044184
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 5/23/24 9:59	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier:	Date and Time:	Date and Time: 5/23/24 9:59

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 0070002
(Must be 7 digits; include all zeros)

Public Water System Name: City of Jourdanton

Report Results To:

Name: City of Jourdanton
Address: 1604 Hwy 97 East, Ste.A
City: Jourdanton State: TX Zip Code: 78026
Phone #: 830-486-3068 PWS Email:

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 3.4	Corrected Temp: 3.4	Grun: B	
Incubation Date and Time				Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 5-29-24/1625	Analyst: MS			
End Date and Time: 5-30-24/1122	Analyst: MS			

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 5/30/24 Time: 1215
Reported to PWS By: *[Signature]* Date: 5-30-24 Time: 1127

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-ert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC33963
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC33964
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC33965
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC33966
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC33967
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC33968
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
717 Olive Str	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-29-24	10:12	0.25		<input type="checkbox"/>	
100 Saguaro	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-29-24	10:30	0.27		<input type="checkbox"/>	
1108 Cantrell Ave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-29-24	10:55	0.20		<input type="checkbox"/>	
2903 Brown Ave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-29-24	11:30	1.20		<input type="checkbox"/>	
515 Magnolia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-29-24	11:19	1.40		<input type="checkbox"/>	
674 Deane Trail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-29-24	11:11	1.18		<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	

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): Tammy Bannsen	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 361-947-4993
Sampler Email: N/A		Operator License # (if applicable): W00044184
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 5/29/24 1545	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 5/29/24 1545

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 **1560001**

Public Water System Name: **McCullen County WCID2**

Report Results To:
 Name: **James Teal**
 Address: **199 Recreation Rd 8**
 City: **Tilden** State: **TX** Zip Code: **778072**
 Phone #: **830-486-3068** PWS Email: **mbalarin@jvareza.com**

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special*	Construction*	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)											
G1560001A		✓				5-31-24	11:40	0.30		<input type="checkbox"/>	
159 Quail Run	✓					5-31-24	11:45	0.24		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis					
Sample Iced?	Temperature (°C)				Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp:	22.4	Corrected Temp:	22.4	Gen: B
Incubation Date and Time					Lab Rejected Code (LR) - Document Reason:
Start Date and Time:	5.31.24	1630	Analyst:	FK	
End Date and Time:	6-1-24	1040	Analyst:	CF	

Result Reporting and Approval			
Laboratory Approval:		Date:	
Reported to PWS By:	CF	Date:	6-1-24
		Time:	1040

Laboratory Analysis Results							
Rejection Code (if applicable) - Please Recollect	Test Method: Coli-18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC340634
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC340645
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Tammy Bernson	Sampler Signature: Tammy Bernson	Sampler Phone #: 361-947-4993
Sampler Email: NA	Operator License # (if applicable): W00044184	
Relinquished By Sampler: Tammy Bernson	Date and Time: 5/31/24 1606	Received By Courier (if applicable): Phyllis J
Relinquished By Courier:	Date and Time:	Date and Time: 5/31/24 1606

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 1560002

Public Water System Name: metmullen county WCID1

Name: James Teal

Address: P.O. Box 4

City: Tilden State: TX Zip Code: 78072

Phone #: 830-486-3068 PWS Email: mbelaringuarez@nrcus-ra.org

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 22.4 Corrected Temp: 22.4 Lab Comments: Gen. B

Incubation Date and Time Lab Rejected Code (LR) - Document Reason:

Start Date and Time: 5-31-24 1630 Analyst: FK

End Date and Time: 6-1-24 1040 Analyst: CF

Result Reporting and Approval

Laboratory Approval: _____ Date: _____ Time: _____

Reported to PWS By: CF Date: 6-1-24 Time: 1040

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: <u>Coli-kt 18</u>						Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	Chlorine Check		Total Coliform		E. coli			
	Absent	Present	Absent	Present	Absent	Present		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC34062</u>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC34063</u>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): Tammy Bernsen Sampler Signature: Tammy Bernsen Sampler Phone #: 361-947-4993

Sampler Email: NA Operator License # (if applicable): W0004184

Relinquished By Sampler: Tammy Bernsen Date and Time: 5/31/24 1600 Received By Courier (if applicable): _____ Date and Time: _____

Relinquished By Courier: _____ Date and Time: _____ Received By Lab: [Signature] Date and Time: 5/31/24 1600

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 **1420006**

Public Water System Name: **Fowlerton**

Name: **P.O. Box 537 TB Fowlerton WSC**

Address: **P.O. Box 537**

City: **Fowlerton** State: **Tx** Zip Code: **78021**

Phone #: **830-486-3068** PWS Email: **mbelarin@jvarco3@noves-PA.org**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



Report Results To:

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **22.4** Corrected Temp: **22.4** Lab Comments: **Gun-B**

Incubation Date and Time Lab Rejected Code (LR) - Document Reason:

Start Date and Time: **5-31-24 1630** Analyst: **FK**

End Date and Time: **6-1-24 1040** Analyst: **CF**

Result Reporting and Approval

Laboratory Approval: _____ Date: _____ Time: _____

Reported to PWS By: **CF** Date: **6-1-24** Time: **1040**

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (✓ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
G142000 GA		✓				5-31-24	11:00	0.22		<input type="checkbox"/>	
527 Michigan		✓				5-31-24	11:05	0.30		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: _____ Test Method: **Coli-18**

Chlorine Check	Total Coliform		E. coli		Analysis Results meet all accreditation requirements unless stated otherwise.
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Laboratory Sample ID Number: AC34060
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AC34061
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **Tammy Bensen** Sampler Signature: *Tammy Bensen* Sampler Phone #: **361-947-4993**

Sampler Email: **NA** Operator License # (if applicable): **W00044184**

Relinquished By Sampler: *Tammy B* Date and Time: **5/31/24 1600** Received By Courier (if applicable): _____ Date and Time: _____

Relinquished By Courier: _____ Date and Time: _____ Received By Lab: *Paul J* Date and Time: **5/31/24 1600**

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)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Public Water System ID: (Must be 7 digits; include all zeros) TX **2470002**

Public Water System Name: **City of Poth**

Name: **Reggie Talamant z**

Address: **200 N. Carroll**

City: **Poth** State: **TX** Zip Code: **78147**

Phone #: **830-486-3068** PWS Email:

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 8.1	Corrected Temp: 8.1	Gun: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 6-27-24/1607	Analyst: MS		
End Date and Time: 6-28-24/1022	Analyst: MS		

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: **6/28/24** Time: **1335**

Reported to PWS By: *[Signature]* Date: **6-28-24** Time: **1027**

Sample Identification/Location	Sample Type (✓ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
125 S. Carroll				✓		6/27/24	0920	2.1		<input type="checkbox"/>	
1014 E. Westmeyer				✓		6/27/24	0930	1.9		<input type="checkbox"/>	
1003 Railroad St.				✓		6/27/24	0955	1.6		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-ert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laboratory Sample ID Number
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC35756
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC35757
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC35758
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **Reggie Talamant z** Sampler Signature: *[Signature]* Sampler Phone #: **830-486-3068**

Sampler Email: **N/A** Operator License # (if applicable): **N/A**

Relinquished By Sampler: *[Signature]* Date and Time: **6/27/24 1135** Received By Courier (if applicable): *[Signature]* Date and Time: **6/27/2024 1138**

Relinquished By Courier: *[Signature]* Date and Time: **6/27/2024 1537** Received By Lab: *[Signature]* Date and Time: **6/27/24 1537**

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)

Water Utilities Laboratory - City of Corpus Christi

13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Public Water System ID: (Must be 7 digits; include all zeros) TX **1780012**

Public Water System Name: **City of Driscoll**

Report Results To:
Name: **City of Driscoll**
Address: **P.O. Box 178**
City: **Driscoll** State: **TX** Zip Code: **78351**
Phone #: **830-486-3068** PWS Email:

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location <small>Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection <small>(Repeat, TSM Raw Well, Replacement)</small>
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Garrett	✓					6/26/24	0705		1.1	<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis					
Sample Iced?		Temperature (°C)			Lab Comments
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Actual Temp: 12.1	Corrected Temp: 12.1	Gum B	
Incubation Date and Time					Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 6-26-24/1515		Analyst: MS			
End Date and Time: 6-27-24/0926		Analyst: MS			

Result Reporting and Approval
Laboratory Approval: *[Signature]* Date: **6/27/24** Time: **1021**
Reported to PWS By: *[Signature]* Date: **6-27-24** Time: **0939**

Rejection Code (if applicable) - Please Recollect	Test Method: Colibert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC35632
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **J. Byrum** Sampler Signature: *[Signature]* Sampler Phone #: **830-486-3068**
 Sampler Email: Operator License # (if applicable): **W0009767**
 Relinquished By Sampler: *[Signature]* Date and Time: **6/26/24 0947** Received By Courier (if applicable): *[Signature]* Date and Time: **06/26/24 0947**
 Relinquished By Courier: *[Signature]* Date and Time: **06/26/2024 1126** Received By Lab: *[Signature]* Date and Time: **6-26-24/1126**

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)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Public Water System ID: (Must be 7 digits; include all zeros) TX **1420006**

Public Water System Name: **Faulkner WSC**

Name: **Faulkner WSC**
 Address: **P.O. Box 537**
 City: **Faulkner** State: **TX** Zip Code: **78021**
 Phone #: **830-486-3068** PWS Email: **mbaloringj@news-1.com**

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **11.6** Corrected Temp: **11.6** Lab Comments: **Gum: B**

Incubation Date and Time: Start Date and Time: **6-25-24/1439** Analyst: **MS**
 End Date and Time: **6-26-24/0840** Analyst: **MS**

Lab Rejected Code (LR) - Document Reason:

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Result Reporting and Approval

Laboratory Approval: **[Signature]** Date: **06/27/24** Time: **1013**
 Reported to PWS By: **[Signature]** Date: **6-26-24** Time: **0924**

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special*	Construction*	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
851 Colorado	✓					6/25/24	0808	2.1		<input type="checkbox"/>	
G1420006A			✓			6/25/24	0255	0		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: **Colibert 18**

Chlorine Check	Total Coliform		E. coli		Analysis Results meet all accreditation requirements unless stated otherwise.
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Laboratory Sample ID Number: AC35496
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Sample ID Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Sample ID Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Sample ID Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Sample ID Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Sample ID Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Sample ID Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Sample ID Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laboratory Sample ID Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **J. Byrum** Sampler Signature: **[Signature]** Sampler Phone #: **830-486-3068**

Sampler Email: **[Signature]** Operator License # (if applicable): **W00009767**

Relinquished By Sampler: **[Signature]** Date and Time: **6/25/24 11:0** Received By Courier (if applicable): **[Signature]** Date and Time: **6/25/2024 11:0**

Relinquished By Courier: **[Signature]** Date and Time: **6/25/2024 12:02** Received By Lab: **[Signature]** Date and Time: **6/25/24 1202**

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)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Public Water System ID: (Must be 7 digits; include all zeros) TX **1560002**

Public Water System Name: **McMullen WCLD1**

Name: **McMullen**
 Address: **P.O. Box 4**
 City: **Tulden** State: **TX** Zip Code: **78072**
 Phone #: **830-486-3068** PWS Email: **mbalwin.juarez@newcas-re.com**

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 11.6	Corrected Temp: 11.4	Gun. B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 6-25-24/1439	Analyst: MS		
End Date and Time: 6-26-24/0840	Analyst: MS		

Result Reporting and Approval

Laboratory Approval: **[Signature]** Date: **6/25/24** Time: **1014**
 Reported to PWS By: **[Signature]** Date: **6-26-24** Time: **0924**

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-18						Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	Chlorine Check		Total Coliform		E. coli			
	Absent	Present	Absent	Present	Absent	Present		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC35498	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC35499	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): **J. Byrum** Sampler Signature: **[Signature]** Sampler Phone #: **830-486-3068**
 Sampler Email: **[Signature]** Operator License # (if applicable): **W00009767**
 Relinquished By Sampler: **[Signature]** Date and Time: **6/25/24 1100** Received By Courier (if applicable): **[Signature]** Date and Time: **6/25/24 1100**
 Relinquished By Courier: **[Signature]** Date and Time: **6/25/2024 1202** Received By Lab: **[Signature]** Date and Time: **6/25/24 1202**

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 **1560001**

Public Water System Name: **Memullen County WC 102**

Report Results To:

Name: **Memullen - Callahan**

Address: **199 Recreation Rd. 8**

City: **Callahan** State: **TX** Zip Code: **78072**

Phone #: **830-486-3068** PWS Email: **mbalarin.juarez@memullen-co.tx.us**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **11.6** Corrected Temp: **11.6** Lab Comments: **Gen: B**

Incubation Date and Time: Start Date and Time: **6-25-24/1439** Analyst: **MS** End Date and Time: **6-26-24/0840** Analyst: **MS** Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: **[Signature]** Date: **6/27/24** Time: **1017**

Reported to PWS By: **[Signature]** Date: **6-26-24** Time: **0924**

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Community Center	✓					6/25/24	0926	0.89		<input type="checkbox"/>	
61560001A			✓			6/25/24	0920	0		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: **Colbert 18**

Analysis Results meet all accreditation requirements unless stated otherwise.

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC35500
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC35501
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **J. Byrum** Sampler Signature: **[Signature]** Sampler Phone #: **830-486-3068**

Sampler Email: **[Signature]** Operator License # (if applicable): **W00009767**

Relinquished By Sampler: **[Signature]** Date and Time: **6/25/24 11:10** Received By Courier (if applicable): **[Signature]** Date and Time: **6/25/2024 1140**

Relinquished By Courier: **[Signature]** Date and Time: **6/25/2024 1202** Received By Lab: **[Signature]** Date and Time: **6/25/24 1202**

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)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
 T104704386

Public Water System ID: (Must be 7 digits; include all zeros) TX 156 000 2

Public Water System Name: McMullen County WC101

Name: McMullen County WC101

Address: P.O. Box 4

City: Tilden State: TX Zip Code: 78072

Phone #: 830-486-3068 PWS Email: mbalar@jucor2@nucor.com

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 9.1 Corrected Temp: 9.1 Lab Comments: Gum: B

Incubation Date and Time: Start Date and Time: 6-5-24/14:17 Analyst: mm End Date and Time: 6-6-24/08:26 Analyst: MS Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 06/06/24 Time: 15:34

Reported to PWS By: [Signature] Date: 6-6-24 Time: 08:39

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location <small>Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection <small>(Repeat, TSM Raw Well, Replacement)</small>
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
<u>Max's Cafe</u>		<input checked="" type="checkbox"/>				<u>6/04/24</u>	<u>1250</u>	<u>2.17</u>		<input type="checkbox"/>	<u>5/31/24</u> <u>AC34063</u>
<u>306 River St (up)</u>		<input checked="" type="checkbox"/>				<u>6/04/24</u>	<u>1300</u>	<u>1.76</u>		<input type="checkbox"/>	
<u>220 River St. (DN)</u>		<input checked="" type="checkbox"/>				<u>6/04/24</u>	<u>1317</u>	<u>1.40</u>		<input type="checkbox"/>	
<u>G1560002A</u>			<input checked="" type="checkbox"/>			<u>6/04/24</u>	<u>1241</u>	<u>0</u>		<input type="checkbox"/>	<u>5/31/24</u> <u>AC34062</u>
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: colilert-18 Analysis Results meet all accreditation requirements unless stated otherwise.

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>AC34329</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>AC34330</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>AC34331</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>AC34332</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): J. Byrum / JM Sampler Signature: [Signature] Sampler Phone #: 830-486-3068

Sampler Email: n/a Operator License # (if applicable): W00009767

Relinquished By Sampler: [Signature] Date and Time: 6/5/24 09:37 Received By Courier (if applicable): [Signature] Date and Time: 6/5/24 09:32

Relinquished By Courier: [Signature] Date and Time: 6/5/24 12:02 Received By Lab: [Signature] Date and Time: 6/5/24 12:02

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 **1560001**

Public Water System Name: **McMullen WCID 2**

Report Results To:
 Name: **McMullen WCID 2**
 Address: **199 Recreation Rd. 8**
 City: **Callahan** State: **TX** Zip Code: **78672**
 Phone #: **830-486-3068** PWS Email: **mbalarin@mcid2.com**

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 9.1	Corrected Temp: 9.1	Grav. B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 6-5-24/1355	Analyst: MM		
End Date and Time: 6-6-24/0800	Analyst: MS		

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: **06/06/24** Time: **1537**
 Reported to PWS By: *[Signature]* Date: **6-6-24** Time: **0839**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: colilert-18						Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	Chlorine Check		Total Coliform		E. coli			
	Absent	Present	Absent	Present	Absent	Present		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC34325	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC34326	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC34327	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC34328	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): J. Byron / JM	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): W00009767	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 6/5/24 0649	Received By Courier (if applicable): <i>[Signature]</i> Date and Time: 6/5/24 0532
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 6/5/24 1202	Received By Lab: <i>[Signature]</i> Date and Time: 6/5/24 1202

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 **1420006**

Public Water System Name: **Fowlerton WSC**

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 9.1	Corrected Temp: 9.1	Gun: B	
Incubation Date and Time				Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 6-5-24/1417	Analyst: MM			
End Date and Time: 6-6-24/0826	Analyst: MS			

Result Reporting and Approval

Laboratory Approval: <i>[Signature]</i>	Date: 6/5/24	Time: 537
Reported to PWS By: <i>[Signature]</i>	Date: 6-6-24	Time: 0839

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: colilert-18						Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	Chlorine Check		Total Coliform		E. coli			
	Absent	Present	Absent	Present	Absent	Present		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC34333	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC34334	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC34335	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC34336	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): J. Byrum / J.A.	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): W00009767	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 6/5/24 8:32	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 6/5/24 1202	Received By Lab: <i>[Signature]</i>
		Date and Time: 6/5/24 0930
		Date and Time: 6/5/24 1202

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 **1420006**

Public Water System Name: **Fowlerton WSC**

Name: **Fowlerton WSC**

Address: **P.O. Box 537**

City: **Fowlerton** State: **TX** Zip Code: **78021**

Phone #: **830-486-3068** PWS Email: **mbalarinjuarez@nucces-tx.org**

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **5.9** Corrected Temp: **5.9** Lab Comments: **Gum B**

Incubation Date and Time Start Date and Time: **6-6-24/1427** Analyst: **MS** End Date and Time: **6-7-24/0858** Analyst: **MS** Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: **[Signature]** Date: **06/07/24** Time: **1056**
Reported to PWS By: **[Signature]** Date: **6-7-24** Time: **0904**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: **Coliform 18** Test Method: **Coliform 18** Analysis Results meet all accreditation requirements unless stated otherwise.

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC34450
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC34451
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
851 Colorado				<input checked="" type="checkbox"/>		6/6/24	104.5	1.13		<input type="checkbox"/>	
Cameron Ranch Rd				<input checked="" type="checkbox"/>		6/6/24	09.50	0.92		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

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): **M. Juarez** Sampler Signature: **[Signature]** Sampler Phone #: **361-947-5512**

Sampler Email: **N/A** Operator License # (if applicable): **N/A**

Relinquished By Sampler: **[Signature]** Date and Time: **6/6/2024 1327** Received By Courier (if applicable): **[Signature]** Date and Time:

Relinquished By Courier: **[Signature]** Date and Time: **6/6/24 1327** Received By Lab: **[Signature]** Date and Time:

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



TCEQ Laboratory ID:
T104704386

Public Water System ID: (Must be 7 digits; include all zeros) TX 0670002

Public Water System Name: City of Jourdanston

Report Results To:
 Name: City of Jourdanston
 Address: 1604 Hwy 97, Ste A
 City: Jourdanston, TX State: TX Zip Code: 78026
 Phone #: 830-486-3068 PWS Email:

Laboratory Analysis
 Sample Iced? Yes No
 Temperature (°C) Actual Temp: 8.1 Corrected Temp: 8.1 Lab Comments: Gun-B
 Incubation Date and Time: Start Date and Time: 6-27-24/1607 Analyst: MS
 End Date and Time: 6-28-24/1022 Analyst: MS
 Lab Rejected Code (LR) - Document Reason:

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)											
<u>OR-1</u>	✓					<u>6/27/24</u>	<u>1318</u>	<u>1.42</u>		<input type="checkbox"/>	
<u>OR-2</u>	✓					<u>6/27/24</u>	<u>1330</u>	<u>1.01</u>		<input type="checkbox"/>	
<u>OR-3</u>	✓					<u>6/27/24</u>	<u>1259</u>	<u>11.22</u>		<input type="checkbox"/>	
<u>OR-4</u>	✓					<u>6/27/24</u>	<u>1311</u>	<u>0.79</u>		<input type="checkbox"/>	
<u>OR-5</u>	✓					<u>6/27/24</u>	<u>1353</u>	<u>1.33</u>		<input type="checkbox"/>	
<u>OR-6</u>	✓					<u>6/27/24</u>	<u>1338</u>	<u>1.87</u>		<input type="checkbox"/>	

Result Reporting and Approval
 Laboratory Approval: [Signature] Date: 6/28/24 Time: 1438
 Reported to PWS By: [Signature] Date: 6-28-24 Time: 1027

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: <u>Coli-18</u>						Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	Chlorine Check		Total Coliform		E. coli			
	Absent	Present	Absent	Present	Absent	Present		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC35762</u>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC35763</u>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC35764</u>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC35765</u>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC35766</u>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC35767</u>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): _____ Sampler Signature: [Signature] Sampler Phone #: 830-486-3068
 Sampler Email: _____ Operator License # (if applicable): W00009767
 Relinquished By Sampler: [Signature] Date and Time: 6/27/24 1402 Received By Courier (if applicable): [Signature] Date and Time: 6/27/2024 1402
 Relinquished By Courier: [Signature] Date and Time: 6/27/2024 1537 Received By Lab: [Signature] Date and Time: 6/27/24 1537

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX **1250003**
(Must be 7 digits; include all zeros)

Public Water System Name: **City of Premont**

Report Results To:
 Name: **City of Premont**
 Address: **200 S. Agnes St**
 City: **Premont** State: **TX** Zip Code: **79375**
 Phone #: **830-486-3069** PWS Email:

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced? Yes No
 Temperature (°C): Actual Temp: **12.1** Corrected Temp: **12.1** Lab Comments: **GUN B**
 Incubation Date and Time: Start Date and Time: **6-26-24/1515** Analyst: **MS**
 End Date and Time: **6-27-24/0926** Analyst: **MS**
 Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: **[Signature]** Date: **6-27-24** Time: **1021**
 Reported to PWS By: **[Signature]** Date: **6-27-24** Time: **0939**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laboratory Sample ID Number
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC35629
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC35630
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC35631
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **J. Byrum** Sampler Signature: **[Signature]** Sampler Phone #: **830-486-3069**
 Sampler Email: Operator License # (if applicable): **W00009767**
 Relinquished By Sampler: **[Signature]** Date and Time: **6/26/24 0947** Received By Courier (if applicable): **[Signature]** Date and Time: **06/26/2024 0947**
 Relinquished By Courier: **[Signature]** Date and Time: **06/26/2024 1126** Received By Lab: **[Signature]** Date and Time: **6-26-24 / 1126**

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 **2470002**
 Public Water System Name: **City of Poth**
 Name: **Reggie Talamantz**
 Address: **200 N. Carroll**
 City: **Poth** State: **TX** Zip Code: **78147**
 Phone #: **830-486-3068** PWS Email: **mbatalon@potech.com**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced? Yes No
 Temperature (°C) Actual Temp: **8.1** Corrected Temp: **8.1**
 Lab Comments: **Gen-B**
 Incubation Date and Time: Start Date and Time: **6-27-24/1607** Analyst: **US**
 End Date and Time: **6-28-24/1022** Analyst: **US**
 Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: **6/28/24** Time: **1437**
 Reported to PWS By: *[Signature]* Date: **6-28-24** Time: **1027**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-ert 18						Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	Chlorine Check		Total Coliform		E. coli			
	Absent	Present	Absent	Present	Absent	Present		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC35759	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC35760	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC35761	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): **J. Byrum** Sampler Signature: *[Signature]* Sampler Phone #: **830-486-3068**
 Sampler Email: **W00009767** Operator License #: **830-486-3068**
 Relinquished By Sampler: *[Signature]* Date and Time: **6/27/24 1402** Received By Courier (if applicable): *[Signature]* Date and Time: **6/27/24 1402**
 Relinquished By Courier: *[Signature]* Date and Time: **6/27/24 1537** Received By Lab: *[Signature]* Date and Time: **6/27/24 1537**

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbialrevised-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



TCEQ Laboratory ID:
T104704386

Report Results To:

Public Water System ID: (Must be 7 digits; include all zeros) TX **2470002**

Public Water System Name: **City of Poth**

Name: **City of Poth**

Address: **200 N. Carroll**

City: **Poth** State: **TX** Zip Code: **78147**

Phone #: **830-486-3068** PWS Email:

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **6.1** Corrected Temp: **6.1** Lab Comments: **Gun: B**

Incubation Date and Time Start Date and Time: **7-29-24/1552** Analyst: **MS** End Date and Time: **7-29-24/1023** Analyst: **MS** Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location <small>Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)	Rejection Code (if applicable) - Please Recollect	Test Method: Colibert 18						Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L				Chlorine Check		Total Coliform		E. coli			
125. S. Carroll	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7/29/24	1054	1.45		<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC37517		
1014 E. Westmeyer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7/29/24	1105	1.64		<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC37518		
219 Monkhouse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7/29/24	1119	1.72		<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC37519		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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): **J. Byrum** Sampler Signature: **[Signature]** Sampler Phone #: **830-486-3068**

Sampler Email: **N/A** Operator License # (if applicable): **W00009767**

Relinquished By Sampler: **[Signature]** Date and Time: **7/29/24 1353** Received By Courier (if applicable): **[Signature]** Date and Time: **7/29/2024 1353**

Relinquished By Courier: **[Signature]** Date and Time: **7/29/2024 1517** Received By Lab: **[Signature]** Date and Time: **7/29/24 1517**

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Report Results To:

Public Water System ID: (Must be 7 digits; include all zeros) TX 1560001

Public Water System Name: McMullen WCIO 2

Name: McMullen WCIO 2

Address: 199 Ave. Rd. 8

City: Callahan State: TX Zip Code: _____

Phone #: 830-486-3068 PWS Email: _____

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 11.3 Corrected Temp: 11.3 Lab Comments: Gun. B

Incubation Date and Time: Start Date and Time: 7-22-24/1325 Analyst: MS End Date and Time: 7-23-24/0743 Analyst: MS Lab Rejected Code (LR) - Document Reason: _____

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 07/23/24 Time: 1336

Reported to PWS By: [Signature] Date: 7-23-24 Time: 0743

Laboratory Analysis Results

Test Method: Colilert 18 Analysis Results meet all accreditation requirements unless stated otherwise.

Rejection Code (if applicable) - Please Recollect	Chlorine Check		Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC37069</u>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC37070</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
<u>Church St.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7/22/24</u>	<u>0936</u>	<u>1.9</u>		<input type="checkbox"/>	
<u>G1520001A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7/22/24</u>	<u>0930</u>	<u>2.3</u>		<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	

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): J. Byrum Sampler Signature: [Signature] Sampler Phone #: 830-486-3068

Sampler Email: 414 Operator License # (if applicable): WD0009767

Relinquished By Sampler: [Signature] Date and Time: 7/22/24 0957 Received By Courier (if applicable): [Signature] Date and Time: 7/22/24 0957

Relinquished By Courier: [Signature] Date and Time: 7/22/24 1126 Received By Lab: [Signature] Date and Time: 7/22/24 1126

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbialrevised-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



TCEQ Laboratory ID:
T104704386

Report Results To:

Public Water System ID: (Must be 7 digits; include all zeros) TX 1560002

Public Water System Name: McMullen WC101

Name: McMullen WC101

Address: P.O. Box 4

City: Tilden State: TX Zip Code: _____

Phone #: 830-486-3069 PWS Email: _____

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location <small>Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
<u>Max's Cate</u>	✓					<u>7/22/24</u>	<u>0859</u>	<u>2.7</u>		<input type="checkbox"/>	
<u>G1560002A</u>			✓			<u>7/22/24</u>	<u>0851</u>	<u>3.3</u>		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 11.3 Corrected Temp: 11.3 Lab Comments: Gum B

Incubation Date and Time Start Date and Time: 7-22-24/1325 Analyst: MS End Date and Time: 7-23-24/0743 Analyst: MS Lab Rejected Code (LR) - Document Reason: _____

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 07/23/24 Time: 1335

Reported to PWS By: [Signature] Date: 7-23-24 Time: 0743

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: _____ Test Method: Colibert 18 Analysis Results meet all accreditation requirements unless stated otherwise.

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>AC37067</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>AC37068</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): J. Byrum Sampler Signature: [Signature] Sampler Phone #: 830-486-3069

Sampler Email: WJA Operator License # (if applicable): W00009767

Relinquished By Sampler: [Signature] Date and Time: 7/22/24 0957 Received By Courier (if applicable): [Signature] Date and Time: 7/22/2024 0957

Relinquished By Courier: [Signature] Date and Time: 7/22/2024 1126 Received By Lab: [Signature] Date and Time: 7/22/24 1126

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbialrevised-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



TCEQ Laboratory ID:
T104704386

Public Water System ID: (Must be 7 digits; include all zeros) TX **1250003**

Public Water System Name: **City of Premont**

Name: **City of Premont**

Address: **200 S. Agnes St.**

City: **Premont** State: **TX** Zip Code: **78375**

Phone #: _____ PWS Email: _____

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **11.6** Corrected Temp: **11.6** Lab Comments: **Gun-B**

Incubation Date and Time Start Date and Time: **7-19-24/1449** Analyst: **MS** End Date and Time: **7-20-24/0923** Analyst: **MS** Lab Rejected Code (LR) - Document Reason: _____

Result Reporting and Approval

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location <small>Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
923 SW 7th St.	✓					7/19/24	1002	0.88		<input type="checkbox"/>	
304 SE 6th St.	✓					7/19/24	1011	1.62		<input type="checkbox"/>	
200 SW 1st St.	✓					7/19/24	0952	2.10		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Approval: *[Signature]* Date: **07/22/24** Time: **0934**

Reported to PWS By: *[Signature]* Date: **7-20-24** Time: **0939**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: _____ Test Method: **Colibert 18**

Analysis Results meet all accreditation requirements unless stated otherwise.

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC30977
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC30978
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC30979
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **J. Syrum** Sampler Signature: *[Signature]* Sampler Phone #: **830-486-3068**

Sampler Email: _____ Operator License # (if applicable): **W06009767**

Relinquished By Sampler: *[Signature]* Date and Time: **7/19/24 1113** Received By Courier (if applicable): *[Signature]* Date and Time: **7/19/2024 1113**

Relinquished By Courier: *[Signature]* Date and Time: **7/19/2024 1123** Received By Lab: *[Signature]* Date and Time: **7/19/24 1123**

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-collform-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 0070002

Public Water System Name: City of Jourdanton

Report Results To:
 Name: City of Jourdanton
 Address: Hwy 97 A
 City: Jourdanton State: TX Zip Code: _____
 Phone #: 830-430-3068 PWS Email: _____

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location <small>Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
<u>717 Olive St.</u>	✓					<u>7/29/24</u>	<u>1220</u>	<u>1.09</u>		<input type="checkbox"/>	
<u>100 Saguaro</u>	✓					<u>7/29/24</u>	<u>1236</u>	<u>1.18</u>		<input type="checkbox"/>	
<u>1108 Cantrell</u>	✓					<u>7/29/24</u>	<u>1245</u>	<u>1.29</u>		<input type="checkbox"/>	
<u>515 Magnolia St.</u>	✓					<u>7/29/24</u>	<u>1258</u>	<u>1.01</u>		<input type="checkbox"/>	
<u>2903 Brown Ave</u>	✓					<u>7/29/24</u>	<u>1304</u>	<u>1.15</u>		<input type="checkbox"/>	
<u>210 La Parita Ct.</u>	✓					<u>7/29/24</u>	<u>1328</u>	<u>1.15</u>		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Water Utilities Laboratory - City of Corpus Christi

13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)				Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: <u>6.1</u>	Corrected Temp: <u>6.1</u>		<u>Green - B</u>	
Incubation Date and Time					Lab Rejected Code (LR) - Document Reason:
Start Date and Time:	<u>7-29-24/1552</u>	Analyst:	<u>MS</u>		
End Date and Time:	<u>7-30-24/1023</u>	Analyst:	<u>MS</u>		

Result Reporting and Approval

Laboratory Approval:	<u>[Signature]</u>	Date:	<u>07/31/24</u>	Time:	<u>1044</u>
Reported to PWS By:	<u>[Signature]</u>	Date:	<u>7-30-24</u>	Time:	<u>1041</u>

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: <u>Colbert 18</u>						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	Laboratory Sample ID Number
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC37520</u>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC37521</u>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC37522</u>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC37523</u>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC37524</u>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC37525</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): <u>J. Byrum</u>	Sampler Signature: <u>[Signature]</u>	Sampler Phone #: <u>830-430-3068</u>
Sampler Email: <u>N/A</u>	Operator License # (if applicable): <u>W00009767</u>	
Relinquished By Sampler: <u>[Signature]</u>	Date and Time: <u>7/29/24 1353</u>	Received By Courier (if applicable): <u>[Signature]</u> Date and Time: <u>7/29/24 1353</u>
Relinquished By Courier: <u>[Signature]</u>	Date and Time: <u>7/29/2024 1517</u>	Received By Lab: <u>[Signature]</u> Date and Time: <u>7/29/24 1517</u>

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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

1780012

Public Water System Name:

City of Driscoll

Report Results To:

Name: City of Driscoll

Address: P.O. Box 178

City: Driscoll

State: TX

Zip Code: 78351

Phone #: 830-486-3068

PWS Email:

Water Utilities Laboratory - City of Corpus Christi

13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 11.6	Corrected Temp: 11.6	Gun: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 7-19-24/1449	Analyst: US		
End Date and Time: 7-20-24/0923	Analyst: MS		

Result Reporting and Approval

Laboratory Approval: <i>[Signature]</i>	Date: 07/20/24	Time: 0933
Reported to PWS By: <i>[Signature]</i>	Date: 7-20-24	Time: 0939

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colibert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC30476
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): <i>Byron J.</i>	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email:	Operator License # (if applicable): 600009267	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 7/19/24 1113	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 7/19/2024 1123	Received By Lab: <i>[Signature]</i>

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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

1420006

Public Water System Name:

Fowlerton wsc

Report Results To:

Name: Fowlerton wsc

Address: P.O. Box 537

City: Fowlerton

State:

TX

Zip Code:

Phone #: 830-486-3062

PWS Email:

Water Utilities Laboratory - City of Corpus Christi

13101 Leopard St.

Corpus Christi, TX 78410

Phone: (361) 826-1200

Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 11.3	Corrected Temp: 11.3	Gun: B

Incubation Date and Time		Lab Rejected Code (LR) - Document Reason:	
Start Date and Time: 7-22-24/1325	Analyst: MS	End Date and Time: 7-23-24/0143	Analyst: MS

Result Reporting and Approval

Laboratory Approval: <i>[Signature]</i>	Date: 07/23/24	Time: 1354
Reported to PWS By: <i>[Signature]</i>	Date: 7-23-24	Time: 0743

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coliform 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	Laboratory Sample ID Number
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC37005
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC37006
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): J. Byron	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3062
Sampler Email: <i>[Signature]</i>	Operator License # (if applicable): WC0009767	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 7/22/24 0957	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 7/22/2024 1124	Received By Lab: <i>[Signature]</i>

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 0070002
(Must be 7 digits; include all zeros)

Public Water System Name: City of Jourdanton

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 5.0 Corrected Temp: 5.0 Lab Comments: B

Incubation Date and Time

Start Date and Time: 8-23-24 16:22 Analyst: FK
End Date and Time: 8-24-24 10:32 Analyst: VP
Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 8/26/24 Time: 0807
Reported to PWS By: VP [Signature] Date: 8-24-24 Time: 1032

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: [Blank] Test Method: Coli-18
Chlorine Check: Absent Present Total Coliform: Absent Present E. coli: Absent Present
Analysis Results meet all accreditation requirements unless stated otherwise.

Rejection Code (if applicable) - Please Recollect	Chlorine Check		Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39121
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39122
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39123
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39124
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39125
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39126
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): J. Byrum Sampler Signature: [Signature] Sampler Phone #: 830-486-3068
Sampler Email: N/A Operator License # (if applicable): WD0004767
Relinquished By Sampler: [Signature] Date and Time: 8/23/24 12:47 Received By Courier (if applicable): [Signature] Date and Time: 8/23/2024 12:47
Relinquished By Courier: [Signature] Date and Time: 8/23/2024 14:20 Received By Lab: [Signature] Date and Time: 8/23/24 14:20

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Public Water System ID: (Must be 7 digits; include all zeros) TX **2470002**

Public Water System Name: **City of Poth**

Report Results To:
 Name: **City of Poth**
 Address: **200 N. Carroll**
 City: **Poth** State: **Texas** Zip Code: **78147**
 Phone #: **830-486-3068** PWS Email: **mbalarinjuarez@nueces-ra.org**

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 5.0	Corrected Temp: 5.0	B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 8-23-24 1612	Analyst: FK		
End Date and Time: 8-24-24 1032	Analyst: VP		

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special*	Construction*	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)											
561 Voges	✓					8/23/24	1153	0.19		<input type="checkbox"/>	
501 Green	✓					8/23/24	1139	0.74		<input type="checkbox"/>	
123 Sylvester	✓					8/23/24	1203	0.51		<input type="checkbox"/>	

Result Reporting and Approval

Laboratory Approval: **[Signature]** Date: **08/26/24** Time: **0807**
 Reported to PWS By: **VPAR** Date: **8-24-24** Time: **1032**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-18	Analysis Results meet all accreditation requirements unless stated otherwise.					
	Chlorine Check		Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39127
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39128
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39129
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): J. Byron	Sampler Signature: [Signature]	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): W00009767	
Relinquished By Sampler: [Signature]	Date and Time: 8/23/24 1247	Received By Courier (if applicable): [Signature] Date and Time: 8/23/24 1420
Relinquished By Courier: [Signature]	Date and Time: 8/23/2024 1425	Received By Lab: [Signature] Date and Time: 8/23/24 1420

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1780012
(Must be 7 digits; include all zeros)

Public Water System Name: City of Driscoll

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Report Results To:

Name: City of Driscoll
Address: P.O. Box 178
City: Driscoll State: Texas Zip Code: 78351
Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)	Sample Type (✓ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
105 CR 81	✓					8/26/24	0807	1.21		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis			
Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 6.4	Corrected Temp: 6.4	Gen: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 8/26/24 1519	Analyst: CF		
End Date and Time: 8/27/24 0919	Analyst: CF		

Result Reporting and Approval			
Laboratory Approval: <i>[Signature]</i>	Date: 8/27/24	Time: 0936	
Reported to PWS By: CF	Date: 8/27/24	Time: 0919	

Rejection Code (if applicable) - Please Recollect	Test Method: COLIFORMS						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	Laboratory Sample ID Number
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39220
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): J Byrum (John)	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): W00009267	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 8/26/24 12:47	Received By Courier (if applicable): <i>[Signature]</i> Date and Time: 8/26/24 12:47
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 8/26/2024 14:27	Received By Lab: <i>[Signature]</i> Date and Time: 8/26/24 14:27

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 1250003

Public Water System Name: City of Premont

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Report Results To:

Name: City of Premont
 Address: 200 S. Agnes St.
 City: Premont State: Texas Zip Code: 78375
 Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 64	Corrected Temp: 64	Gen-B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 8/26/24 1519	Analyst: CF		
End Date and Time: 8/27/24 0919	Analyst: CF		

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 8/27/24 Time: 0937
 Reported to PWS By: [Signature] Date: 8/27/24 Time: 0919

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: COLIERT18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39221
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39222
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39223
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sample Identification/Location	Sample Type (✓ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special*	Construction*	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
200 SW 1st St.	✓					8/26/24	0842	1.16		<input type="checkbox"/>	
923 SW 7th St.	✓					8/26/24	0851	0.76		<input type="checkbox"/>	
304 SE 6th St.	✓					8/26/24	0901	1.24		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

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): J. Syrum (John)	Sampler Signature: [Signature]	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): W0009767	
Relinquished By Sampler: [Signature]	Date and Time: 8/26/24 1227	Received By Courier (if applicable): [Signature]
Relinquished By Courier: [Signature]	Date and Time: 8/26/2024 1427	Received By Lab: [Signature]
		Date and Time: 8/26/24 1427

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1560001
(Must be 7 digits; include all zeros)

Public Water System Name: McMullen WCID 2

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Report Results To:

Name: McMullen WCID2
Address: P.O. Box 4
City: Tilden State: Texas Zip Code: 78072
Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location <small>Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
G 1560001 A			✓			8/26/24	1112	0		<input type="checkbox"/>	
Community Center	✓					8/26/24	1116	0.71		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 6.4 Corrected Temp: 6.4 Lab Comments: Gun: B

Incubation Date and Time: Start Date and Time: 8/26/24 1519 Analyst: CF End Date and Time: 8/27/24 0919 Analyst: CF

Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 8/27/24 Time: 0937

Reported to PWS By: CF Date: 8/27/24 Time: 0919

Laboratory Analysis Results

Test Method: COLI-WT-18

Rejection Code (if applicable) - Please Recollect: []

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC39224
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC39225
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Analysis Results meet all accreditation requirements unless stated otherwise.

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): J. Byron (John Byron) Sampler Signature: [Signature] Sampler Phone #: 830-486-3068

Sampler Email: N/A Operator License # (if applicable): WD 0009767

Relinquished By Sampler: [Signature] Date and Time: 8/26/24 1247 Received By Courier (if applicable): [Signature] Date and Time: 8/26/24 1247

Relinquished By Courier: [Signature] Date and Time: 8/26/24 1427 Received By Lab: [Signature] Date and Time: 8/26/24 1427

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Public Water System ID: TX 1560002
 (Must be 7 digits; include all zeros)

Public Water System Name: McMullen WCID 1

Name: McMullen WCID1
 Address: P.O. Box 4
 City: Tilden State: Texas Zip Code: 78072
 Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

Report Results To:

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 6.4	Corrected Temp: 6.4	Gun B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 8/26/24 1519	Analyst: CF		
End Date and Time: 8/27/24 0919	Analyst: CF		

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 8/27/24 Time: 0939
 Reported to PWS By: CF Date: 8/27/24 Time: 0919

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colilert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39226
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39227
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): J. Byrum (John)	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): WD 0009767	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 8/26/24 1427	Received By Courier (if applicable): <i>[Signature]</i> Date and Time: 8/26/24 1427
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 8/26/2024 1427	Received By Lab: <i>[Signature]</i> Date and Time: 8/26/24 1427

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 1420006

Public Water System Name: Fowlerton WSC

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Report Results To:

Name: Fowlerton WSC
 Address: P.O. Box 537
 City: Fowlerton State: Texas Zip Code: 78021
 Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 6.4	Corrected Temp: 6.4	Grav. B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 8/26/24 1519	Analyst: CF		
End Date and Time: 8/27/24 0919	Analyst: CF		

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 08/27/24 Time: 0939
 Reported to PWS By: CF Date: 8/27/24 Time: 0919

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colilert18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39228
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC39229
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): J. Byrum (John)	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): W0009767	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 8/26/24 1247	Received By Courier (if applicable): <i>[Signature]</i> Date and Time: 8/26/24 1243
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 8/26/2024 1427	Received By Lab: <i>[Signature]</i> Date and Time: 8/26/24 1427

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 1560005

Public Water System Name: TPWD Choke Canyon State Park

Report Results To:

Name: Choke Canyon State Park
 Address: 4200 Smith School Rd
 City: Austin State: TX Zip Code: 78744
 Phone #: 830-486-3068 PWS Email: mbalarin@wrazd@nueces-ra.org

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: <u>8.1</u>	Corrected Temp: <u>8.1</u>	<u>Gun: B</u>
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: <u>9-25-24/1555</u>	Analyst: <u>MM</u>		
End Date and Time: <u>9-26-24/1001</u>	Analyst: <u>MS</u>		

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 9/26/24 Time: 1324
 Reported to PWS By: [Signature] Date: 9-26-24 Time: 1010

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: <u>colilert-18</u>	Analysis Results meet all accreditation requirements unless stated otherwise.				
	Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent Present	Absent Present	Absent Present	Absent Present		
	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<u>AC41092</u>
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

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): David W. Kins Sampler Signature: [Signature] Sampler Phone #: _____
 Sampler Email: _____ Operator License # (if applicable): WS0016190
 Relinquished By Sampler: [Signature] Date and Time: 9-25-24 1507 Received By Courier (if applicable): _____ Date and Time: _____
 Relinquished By Courier: _____ Date and Time: _____ Received By Lab: [Signature] Date and Time: 9/25/24 1507

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 1780012

Public Water System Name: City of Driscoll

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Report Results To:

Name: City of Driscoll
 Address: P.O. Box 178
 City: Driscoll State: Texas Zip Code: 78351
 Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

Laboratory Analysis			
Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 8.1	Corrected Temp: 8.1	Gun: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 9-25-24/1555	Analyst: mm		
End Date and Time: 9-26-24/1001	Analyst: MS		

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Result Reporting and Approval	
Laboratory Approval: <i>[Signature]</i> Date: 09/26/24 Time: 1324	Reported to PWS By: <i>[Signature]</i> Date: 9-26-24 Time: 1010

Rejection Code (if applicable) - Please Recollect	Test Method: colilert-18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACT4120
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sample Identification/Location	Sample Type (✓ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)											
105 CR 81	<input checked="" type="checkbox"/>					09/25/24	0732		0.40	<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

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): David W. King	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): WS0016190	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 9/25/24 1507	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 9/25/24 1507

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1250003
(Must be 7 digits; include all zeros)

Public Water System Name: City of Premont

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Report Results To:

Name: City of Premont
Address: 200 S. Agnes St.
City: Premont State: Texas Zip Code: 78375
Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 8.1 Corrected Temp: 8.1 Lab Comments: Gun: B

Incubation Date and Time: Start Date and Time: 4-25-24/1555 Analyst: VM End Date and Time: 4-26-24/1001 Analyst: US

Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 09/26/24 Time: 1324
Reported to PWS By: [Signature] Date: 4-26-24 Time: 1010

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location <small>Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
200 SW 1st St	✓					09/25/24	0832	1.75		<input type="checkbox"/>	
923 SW 7th St	✓					09/25/24	0842	2.20		<input type="checkbox"/>	
304 SE 6th St	✓					09/25/24	0850	0.79		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect:

Test Method: colilert-18

Chlorine Check	Total Coliform		E. coli		Analysis Results meet all accreditation requirements unless stated otherwise.
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC41121
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC41122
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC41123
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Laboratory Sample ID Number

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): David W. King Sampler Signature: [Signature] Sampler Phone #: 830-486-3068

Sampler Email: N/A Operator License # (if applicable): W5006190

Relinquished By Sampler: [Signature] Date and Time: 9-25-24 1507 Received By Courier (if applicable): [Signature] Date and Time: [Blank]

Relinquished By Courier: [Signature] Date and Time: [Blank] Received By Lab: [Signature] Date and Time: 9/25/24 1507

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)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Public Water System ID: (Must be 7 digits; include all zeros) TX 1560002

Public Water System Name: McMullen WCID 1

Name: McMullen WCID1
 Address: P.O. Box 4
 City: Tilden State: Texas Zip Code: 78072
 Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

Laboratory Analysis			
Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 8.1	Corrected Temp: 8.1	Gun: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 9-25-24/1555	Analyst: NM		
End Date and Time: 9-26-24/1001	Analyst: MS		

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Laboratory Approval: *[Signature]* Date: 9/26/24 Time: 1325
 Reported to PWS By: *[Signature]* Date: 9-26-24 Time: 1010

Sample Identification/Location <small>Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
max's Cafe	✓					09/25/24	11:40	0.64		<input type="checkbox"/>	
G1560002			✓			09/25/24	1131	0		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Rejection Code (if applicable) - Please Recollect	Test Method: colilert-18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACH126
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACH127
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): David King Sampler Signature: *[Signature]* Sampler Phone #: 830-486-3068
 Sampler Email: N/A Operator License # (if applicable): W50016190
 Relinquished By Sampler: *[Signature]* Date and Time: 9/25/24 1507 Received By Courier (if applicable): Date and Time:
 Relinquished By Courier: Date and Time: Received By Lab: *[Signature]* Date and Time: 9/25/24 1507

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Public Water System ID: TX 1420006
 (Must be 7 digits; include all zeros)

Public Water System Name: Fowlerton WSC

Report Results To:

Name: Fowlerton WSC
 Address: P.O. Box 537
 City: Fowlerton State: Texas Zip Code: 78021
 Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 8.1	Corrected Temp: 8.1	Gen: B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 9-25-24/1555	Analyst: VM		
End Date and Time: 9-26-24/1001	Analyst: MS		

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 09/26/24 Time: 1325
 Reported to PWS By: *[Signature]* Date: 9-26-24 Time: 1010

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect:
 Test Method: colifert-18
 Analysis Results meet all accreditation requirements unless stated otherwise.
 Laboratory Sample ID Number

Sample Identification/Location <small>Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
527 Michigan	✓					09/25/24	1245	2.54		<input type="checkbox"/>	
G1420006			✓			09/25/24	1235	0		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

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): David Kirs	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): WS0016190	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 9/25/24, 1507	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 9/25/24, 1511

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 0070002
(Must be 7 digits; include all zeros)

Public Water System Name: City of Jourdanton

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 10.4	Corrected Temp: 10.4	Gum-B	
Incubation Date and Time				Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 10-1-24/1411	Analyst: MS			
End Date and Time: 10-2-24/0830	Analyst: MS			

Result Reporting and Approval

Laboratory Approval: <i>Crystal Ybanez</i>	Date: 10-2-24	Time: 16:22
Reported to PWS By: <i>M. Sanchez</i>	Date: 10-2-24	Time: 0858

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colicert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC41346
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC41347
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC41348
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC41349
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC41350
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC41351
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Report Results To:

Name: City of Jourdanton
Address: 1604 Hwy 97, Ste.A
City: Jourdanton State: Texas Zip Code: 78026
Phone #: 830-486-3068 PWS Email: mbalarinjuarez@nueces-ra.org

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
717 Olive	✓					09/30/24	1324	0.76		<input type="checkbox"/>	
210 IA Parita Court 100 Saguardo Dik.	✓					09/30/24	1425	0.71		<input type="checkbox"/>	
1108 Cantrell	✓					09/30/24	1415	0.61		<input type="checkbox"/>	
1074 Deer trail	✓					09/30/24	1306	0.85		<input type="checkbox"/>	
515 magnolia	✓					09/30/24	1347	1.71		<input type="checkbox"/>	
2903 Brown	✓					09/30/24	1403	2.06		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

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): David W. King	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): W50016190	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 10/1/24 0815	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 10/1/24 0815	Received By Lab: <i>[Signature]</i>

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 **2470002**

Public Water System Name: **City of Poth**

Name: **City of Poth**
 Address: **200 N. Carroll**
 City: **Poth** State: **Texas** Zip Code: **78147**
 Phone #: **830-486-3068** PWS Email: **mbalarinjuarez@nueces-ra.org**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Report Results To:

Laboratory Analysis			
Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 10.4	Corrected Temp: 10.4	Gun-B
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 10-1-24/1411	Analyst: MS		
End Date and Time: 10-2-24/0830	Analyst: MS		

Result Reporting and Approval

Laboratory Approval: *Crista O. Juarez* Date: **10-2-24** Time: **1643**
 Reported to PWS By: *[Signature]* Date: **10-2-24** Time: **0858**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-ert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC41352
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC41353
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC41354
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (✓ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
123 Sylvester	✓					09/24/24	1612	2.70		<input type="checkbox"/>	
501 Green	✓					09/30/24	16:27	2.50		<input type="checkbox"/>	
501 Voges	✓					09/30/24	1650	3.60		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

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): David King	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: 830-486-3068
Sampler Email: N/A	Operator License # (if applicable): WS0016190	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 10/1/24 0815	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 10/1/24 0815

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 **1780012**

Public Water System Name: **City of Driscoll**

Name: **City of Driscoll**

Address: **P.O. Box 178**

City: **Driscoll** State: **Texas** Zip Code: **78351**

Phone #: **915-342-0871** PWS Email: **Cmcfarlane@nueces-ra.org**

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **11.1** Corrected Temp: **11.1** Lab Comments: **Gen - B**

Incubation Date and Time Lab Rejected Code (LR) - Document Reason:
Start Date and Time: **10-22-24/1343** Analyst: **MS**
End Date and Time: **10-30-24/0754** Analyst: **MS**

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: **10/30/24** Time: **1034**
Reported to PWS By: *[Signature]* Date: **10-30-24** Time: **0825**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: **Coltort 18** Analysis Results meet all accreditation requirements unless stated otherwise.
Chlorine Check: Absent Present Total Coliform: Absent Present E. coli: Absent Present Laboratory Sample ID Number: **AC43297**

Sample Identification/Location <small>Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
105 CR 81	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/25/24	0900		2.3	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	

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): **Dandky** Sampler Signature: *[Signature]* Sampler Phone #: **WS0016190**

Sampler Email: **WS0016190** Operator License # (if applicable): **WS0016190**

Relinquished By Sampler: *[Signature]* Date and Time: **10/29/24 0841** Received By Courier (if applicable): **Penel J** Date and Time: **10/29/24 0841**

Relinquished By Courier: **Penel J** Date and Time: **10/29/24 0841**

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 1560001

Public Water System Name: McMullen WCTD 2

Name: McMullen WCTD 2

Address: P.O. Box 4

City: Tilden State: Texas Zip Code: 78072

Phone #: 915-342-0871 PWS Email: C.mcfarlane@nueces-ra.org

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: <u>11.1</u>	Corrected Temp: <u>11.1</u>	<u>Gun-B</u>
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: <u>10-29-24/1343</u>	Analyst: <u>MS</u>		
End Date and Time: <u>10-30-24/0754</u>	Analyst: <u>MS</u>		

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 10/30/24 Time: 1035

Reported to PWS By: [Signature] Date: 10-30-24 Time: 0825

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: <u>Coli-ert 18</u>						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC43298</u>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>AC43299</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): David King Sampler Signature: [Signature] Sampler Phone #: _____

Sampler Email: _____ Operator License # (if applicable): WS0016190

Relinquished By Sampler: [Signature] Date and Time: 10/29/24 0841 Received By Courier (if applicable): _____ Date and Time: _____

Relinquished By Courier: _____ Date and Time: _____ Received By Lab: [Signature] Date and Time: 10/29/24 0841

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX **1560005**
 Public Water System Name: **TPWD Choke Canyon State Park**
 Name: **Choke Canyon State Park**
 Address: **4200 Smith School Rd**
 City: **Austin** State: **Texas** Zip Code: **78744**
 Phone #: **915-342-0871** PWS Email: **Cmcfarlane@nueces-ra.org**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **11.1** Corrected Temp: **11.1** Lab Comments: **Gun: B**

Incubation Date and Time: Start Date and Time: **10-24-24/1343** Analyst: **MS**
 End Date and Time: **10-30-24/0754** Analyst: **MS**

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: **10/30/24** Time: **1035**
 Reported to PWS By: *[Signature]* Date: **10-30-24** Time: **0825**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: **Colobert 18** Analysis Results meet all accreditation requirements unless stated otherwise.

Chlorine Check	Total Coliform		E. coli	
	Absent	Present	Absent	Present

* 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)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L	
④ Shelter #17	✓					10/28/24	12:00	0.23		

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): **David King** Sampler Signature: *[Signature]* Sampler Phone #: **WS0016190**

Sampler Email: **WS0016190** Operator License # (if applicable): **WS0016190**

Relinquished By Sampler: *[Signature]* Date and Time: **10/29/24 0841** Received By Courier (if applicable): **David King** Date and Time: **10/29/24 0841**

Relinquished By Courier: **David King** Date and Time: **10/29/24 0841** Received By Lab: *[Signature]* Date and Time: **10/29/24 0841**

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 **0070002**

Public Water System Name: **City of Jordanston**

Report Results To:
 Name: **City of Jordanston**
 Address: **1604 Hwy 97 Ste A**
 City: **Jordanston** State: **Texas** Zip Code: **78026**
 Phone #: **915-342-0871** PWS Email: **Cmcfarlane@nueces-ra.org**

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)	Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 11.1 Corrected Temp: 11.1	Gun. B
Incubation Date and Time		Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 10-26-24/1343	Analyst: MS	
End Date and Time: 10-30-24/0754	Analyst: MS	

Result Reporting and Approval

Laboratory Approval: <i>[Signature]</i>	Date: 10/30/24	Time: 1037
Reported to PWS By: <i>[Signature]</i>	Date: 10-30-24	Time: 0825

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colibert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC43304
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC43305
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC43306
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC43307
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC43308
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC43309
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8
9
10
11
12
13

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
717 Olive	✓					10/28/24	1602	0.78		<input type="checkbox"/>	
210 LaParita Court	✓					10/28/24	1610	0.90		<input type="checkbox"/>	
1108 Cantrell	✓					10/28/24	1529	0.46		<input type="checkbox"/>	
674 Deer Trail	✓					10/28/24	1620	1.03		<input type="checkbox"/>	
515 Magnolia	✓					10/28/24	1555	0.82		<input type="checkbox"/>	
2903 Brown	✓					10/28/24	1545	1.02		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

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): David Kim	Sampler Signature: <i>[Signature]</i>	Sampler Phone #:
Sampler Email:	Operator License # (if applicable): WS0016190	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 10/29/24 0841	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 10/29/24 0841

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 **1420006**

Public Water System Name: **Fowlerton WSC**

Name: **Fowlerton WSC**

Address: **P. O. Box 537**

City: **Fowlerton** State: **Texas** Zip Code: **78021**

Phone #: **915-342-0871** PWS Email: **Cmcfadane@nueces-ra.org**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



Corpus Christi Water
CCW
 Serving the Coastal Bend

TCEQ Laboratory ID:
T104704386

Report Results To:

Laboratory Analysis

Sample Iced?	Temperature (°C)				Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp:	Corrected Temp:			Gun-B
	11.1	11.1			
Incubation Date and Time					Lab Rejected Code (LR) - Document Reason:
Start Date and Time:		Analyst:			
10-29-24/1343		MS			
End Date and Time:		Analyst:			
10-30-24/0754		MS			
Result Reporting and Approval					
Laboratory Approval: <i>[Signature]</i>				Date:	Time:
				10/30/24	1037
Reported to PWS By: <i>[Signature]</i>				Date:	Time:
				10-30-24	0825

* 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)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L	
Use sample site location/address identified in the system's RTCR Sample Siting Plan										
Raw Wells: Use Well Source ID (Ex: G1234567A)										
527 Michigan	✓					10/29/24	1745	0.40		<input type="checkbox"/>
G1420006			✓			10/29/24	1750	0		<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>
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										<input type="checkbox"/>
										<input type="checkbox"/>
										<input type="checkbox"/>

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-ert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC43810
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC43311
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **Dankin** Sampler Signature: *[Signature]* Sampler Phone #: _____

Sampler Email: _____ Operator License # (if applicable): **WS0016190**

Relinquished By Sampler: *[Signature]* Date and Time: **10/29/24 0841** Received By Courier (if applicable): _____ Date and Time: _____

Relinquished By Courier: _____ Date and Time: _____ Received By Lab: *[Signature]* Date and Time: **10/29/24 0841**

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 **1560002**

Public Water System Name: **McMullen WCID 1**

Name: **McMullen WCID 1**
 Address: **P.O. Box 4**
 City: **Tilden** State: **Texas** Zip Code: **78072**
 Phone #: **915-342-0871** PWS Email: **Cmcfarlan@nupes-ra.org**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **9.6** Corrected Temp: **9.6** Lab Comments: **Gun: A**

Incubation Date and Time: Start Date and Time: **10-30-24/1405** Analyst: **MS**
 End Date and Time: **10-31-24/0835** Analyst: **MS**

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: **10/31/24** Time: **1214**
 Reported to PWS By: *[Signature]* Date: **10-31-24** Time: **0850**

* 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)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L	
331 Hackberry	✓					10/30/24	0951	1.02		
G 1560002			✓			10/30/24	0950	0		

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: **Coli-ert 18**

Chlorine Check	Total Coliform				E. coli		Analysis Results meet all accreditation requirements unless stated otherwise.
	Absent	Present	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AC43505
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AC43506
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Laboratory Sample ID Number

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): **David King** Sampler Signature: *[Signature]* 10/30/24 1251 Sampler Phone #: **WS0016190**

Sampler Email: **N/A** Operator License # (if applicable): **WS0016190**

Relinquished By Sampler: *[Signature]* Date and Time: **10/30/24 1251** Received By Courier (if applicable): **Paul Z** Date and Time: **10/30/24 1251**

Relinquished By Courier: **Paul Z** Date and Time: **10/30/24 1251**

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX **2470002**
 Public Water System Name: **City of Poth**
 Name: **City of Poth**
 Address: **200 N Carroll**
 City: **Poth** State: **Texas** Zip Code: **78147**
 Phone #: **915-342-0871** PWS Email: **Cmcfarlane@nuecesra.org**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **11.1** Corrected Temp: **11.1** Lab Comments: **Gun B**

Incubation Date and Time: Start Date and Time: **10-29-24/1343** Analyst: **MS**
 End Date and Time: **10-30-24/0754** Analyst: **MS**

Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: **10/30/24** Time: **1055**
 Reported to PWS By: *[Signature]* Date: **10-30-24** Time: **0825**

* 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)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L	
5 219 Monkhouse	✓					10/28/24	1400	1.81		
6 405 Schneider	✓					10/28/24	1415	1.57		
7 125 Carroll	✓					10/28/24	1426	1.49		

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: **Coli-ert 18**

Chlorine Check	Total Coliform		E. coli		Analysis Results meet all accreditation requirements unless stated otherwise.
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC43301
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC43302
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC43303
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Laboratory Sample ID Number

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): **Daniel** Sampler Signature: *[Signature]* Sampler Phone #: **WS0016190**

Sampler Email: **WS0016190** Operator License # (if applicable): **WS0016190**

Relinquished By Sampler: *[Signature]* Date and Time: **10/29/24 0841** Received By Courier (if applicable): **Power** Date and Time: **10/29/24 0841**

Relinquished By Courier: **Power** Date and Time: **10/29/24 0841** Received By Lab: *[Signature]* Date and Time: **10/29/24 0841**

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 0070002

Public Water System Name: City of Jourdanton

Report Results To:

Name: City of Jourdanton
 Address: 1604 Hwy 97, Ste A
 City: Jourdanton State: Texas Zip Code: 78026
 Phone #: 361-777-6690 PWS Email: utilitiesnra@nueces-ra.org

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 8.2	Corrected Temp: 8.2	Gen. A
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 11-27-24 1324	Analyst: MS		
End Date and Time: 11-28-24 0800	Analyst: CP		

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 12/02/24 Time: 0942
 Reported to PWS By: CP Date: 11-28-24 Time: 0800

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coliform 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45085
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45086
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45087
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45088
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45089
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45090
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Kristian Freeze	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: (361) 777-6690
Sampler Email: kfreeze@nueces-ra.org	Operator License # (if applicable): WD0018012	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 11/27/24 1034	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 11/27/24 1034

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 2470002
(Must be 7 digits; include all zeros)

Public Water System Name: City of Poth

Report Results To:

Name: City of Poth

Address: 200 N Carroll

City: Poth

State: Texas

Zip Code: 78147

Phone #: 361-777-6690

PWS Email: utilitiesnra@nueces-ra.org

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 8.2	Corrected Temp: 8.2	Gun: A
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 11/27/24/1324	Analyst: MS		
End Date and Time: 11/28/24 0800	Analyst: CF		

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 12/02/24 Time: 0913
 Reported to PWS By: *[Signature]* Date: 11/28/24 Time: 0800

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colibert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45691
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45692
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45693
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Kristian Freeze	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: (361) 777-6690
Sampler Email: kfreeze@nueces-ra.org	Operator License # (if applicable): WD0018012	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 11/27/24 1034	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 11/27/24 1034

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1780012
(Must be 7 digits; include all zeros)

Public Water System Name: City of Driscoll

Report Results To:

Name: City of Driscoll
Address: P.O. Box 178
City: Driscoll State: Texas Zip Code: 78351
Phone #: 361-777-6690 PWS Email: utilitiesnra@nueces-ra.org

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 8.2	Corrected Temp: 8.2	Gen. A
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 11-27-24/1314	Analyst: MS		
End Date and Time: 11-28-24 0800	Analyst: CF		

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 12/02/24 Time: 0945
Reported to PWS By: CF Date: 11/28/24 Time: 0800

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colibert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45700
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Kristian Freeze	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: (361) 777-6690
Sampler Email: kfreeze@nueces-ra.org	Operator License # (if applicable): WD0018012	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 11/27/24 1034	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 11/27/24 1034

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1560001
(Must be 7 digits; include all zeros)

Public Water System Name: McMullen WCID 2

Name: McMullen WCID 2

Address: P.O. Box 4

City: Tilden

State: Texas

Zip Code: 78072

Phone #: 361-777-6690

PWS Email: utilitiesnra@nueces-ra.org

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@ctctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 8.2	Corrected Temp: 8.2	Gum-A
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 11-27-24/1324	Analyst: MS		
End Date and Time: 11-28-24 0800	Analyst: CF		

Result Reporting and Approval

Laboratory Approval: <i>[Signature]</i>	Date: 12/02/24	Time: 0913
Reported to PWS By: <i>[Signature]</i>	Date: 11/28/24	Time: 1500

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: <i>Coli-ert 18</i>						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45694
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45695
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sample Identification/Location	Sample Type (✓ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
G1560001			✓			11/26/24	1625	0		<input type="checkbox"/>	
Community Center	✓					11/26/24	1642	0.54		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

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): Kristian Freeze	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: (361) 777-6690
Sampler Email: kfreeze@nueces-ra.org	Operator License # (if applicable): WD0018012	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 11/27/24 1034	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 11/27/24 1034

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 1560002

Public Water System Name: McMullen WCID 1

Report Results To:

Name: McMullen WCID 1

Address: P.O. Box 4

City: Tilden

State: Texas

Zip Code: 78072

Phone #: 361-777-6690

PWS Email: utilitiesnra@nueces-ra.org

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?		Temperature (°C)				Lab Comments	
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Actual Temp:	8.2	Corrected Temp:	8.2
Incubation Date and Time							Lab Rejected Code (LR) - Document Reason:
Start Date and Time:		11/27/24/1324		Analyst:		MS	
End Date and Time:		11/28/24 0800		Analyst:		CP	

Result Reporting and Approval

Laboratory Approval:		Date:	12/02/24	Time:	0944
Reported to PWS By:	CP	Date:	11/28/24	Time:	0800

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colibert 18.						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45696
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45697
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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):	Kristian Freeze	Sampler Signature:		Sampler Phone #:	(361) 777-6690
Sampler Email:	kfreeze@nueces-ra.org	Operator License # (if applicable):	WD0018012	Received By Courier (if applicable):	
Relinquished By Sampler:		Date and Time:	11/27/24 1034	Received By Lab:	
Relinquished By Courier:		Date and Time:		Date and Time:	11/27/24 1034

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 **1420006**

Public Water System Name: **Fowlerton WSC**

Report Results To:

Name: **Fowlerton WSC**
 Address: **P.O. Box 537**
 City: **Fowlerton** State: **Texas** Zip Code: **78021**
 Phone #: **361-777-6690** PWS Email: **utilitiesnra@nueces-ra.org**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



TCEQ Laboratory ID: **T104704386**

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 8.2	Corrected Temp: 8.2	Gun. A	
Incubation Date and Time				Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 11-27-24/1324	Analyst: MS			
End Date and Time: 11-28-24 0800	Analyst: CP			

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: **12/02/24** Time: **0944**
 Reported to PWS By: **CP** Date: **11/28/24** Time: **0800**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Col. fert 18						Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	Chlorine Check		Total Coliform		E. coli			
	Absent	Present	Absent	Present	Absent	Present		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45698	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC45699	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): Kristian Freeze	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: (361) 777-6690
Sampler Email: kfreeze@nueces-ra.org		Operator License # (if applicable): WD0018012
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 11/27/24 1034	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 11/27/24 1034

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 1780012

Public Water System Name: City of Driscoll

Name: City of Driscoll

Address: PO BOX 178

City: Driscoll State: Texas Zip Code: 78351

Phone #: 361-777-6690 PWS Email: Utilitiespra@nueces-ra.org

Water Utilities Laboratory-City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361)-826-1200
 Email: ccwlab@cctexas.com

TCEQ Laboratory ID:
 T104704386

Report Results To:

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 10.1 Corrected Temp: 10.1 Lab Comments: GWRB

Incubation Date and Time: Start Date and Time: 12-6-24/1444 Analyst: MS End Date and Time: 12-7-24 0902 Analyst: VP

Result Reporting and Approval: Laboratory Approval: [Signature] Date: 12/6/24 Time: 1134 Reported to PWS By: VP Date: 12-7-24 Time: 0902

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Richard Garcia				✓		12/06/24	1232		3.32	<input type="checkbox"/>	
Dragon				✓		12/06/24	1244		3.10	<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: Coli fert 18

Chlorine Check	Total Coliform		E. coli		Analysis Results meet all accreditation requirements unless stated otherwise.
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC46257
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC46258
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Laboratory Sample ID Number

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): Kristian Freeze Sampler Signature: [Signature] Sampler Phone #: 361-777-6690

Sampler Email: KFreeze@nueces-ra.org Operator License # (if applicable): WD0018012

Relinquished By Sampler: [Signature] Date and Time: 12-6-24 1315 Received By Courier (if applicable): [Signature] Date and Time:

Relinquished By Courier: Date and Time: Received By Lab: Carolyn Lunn Date and Time: 12-6-24 1315

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 1560005

Public Water System Name: TPWD Choke Canyon

Name: Choke Canyon State Park

Address: 4200 Smith School Rd

City: Austin State: Texas Zip Code: 78744

Phone #: 361-777-6690 PWS Email: utilitiesnra@nueces-ra.org

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Section 1				✓		12/13/24	1114	1.53			
Section 2				✓		12/13/24	1130	1.63			
Section 3				✓		12/13/24	1155	0.28			

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 5.5 Corrected Temp: 5.5 Lab Comments: Gun: A

Incubation Date and Time: Start Date and Time: 12-13-24/1554 Analyst: mm End Date and Time: 12.14.24 0958 Analyst: fu

Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 12/16/24 Time: 0819
Reported to PWS By: [Signature] Date: 12.14.24 Time: 0958

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: Test Method: colilert-18 Analysis Results meet all accreditation requirements unless stated otherwise.

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC46835
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC46836
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC46837
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Kristian Freeze Sampler Signature: [Signature] Sampler Phone #: (361) 777-6690

Sampler Email: kfreeze@nueces-ra.org Operator License # (if applicable): WD0018012

Relinquished By Sampler: [Signature] Date and Time: 12/13/24 1527 Received By Courier (if applicable): Date and Time:

Relinquished By Courier: Date and Time: Received By Lab: [Signature] Date and Time: 12/13/24 1527

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 1560002

Public Water System Name: McMullen WCID 1

Report Results To:

Name: McMullen WCID 1

Address: P.O. Box 4

City: Tilden

State: Texas

Zip Code: 78072

Phone #: 361-777-6690

PWS Email: utilitiesnra@nueces-ra.org

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 6.3	Corrected Temp: 6.3	GWR-B	
Incubation Date and Time				Lab Rejected Code (LR) - Document Reason:
Start Date and Time:	12.19.24 1429	Analyst:	FE	
End Date and Time:	12.20.24 0842	Analyst:	FE	

Result Reporting and Approval

Laboratory Approval:	<i>[Signature]</i>	Date:	12/20/24	Time:	0949
Reported to PWS By:	<i>[Signature]</i>	Date:	12.20.24	Time:	0901

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coliform 15						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC473410
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Kristian Freeze	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: (361) 777-6690
Sampler Email: kfreeze@nueces-ra.org	Operator License # (if applicable): WO0056682	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 12/19/24 1025	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 12/19/24 1208	Received By Lab: <i>[Signature]</i>
		Date and Time: 12/19/24 1025
		Date and Time: 12/19/24 1208

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1560002
(Must be 7 digits; include all zeros)

Public Water System Name: McMullen WCID 1

Report Results To:

Name: McMullen WCID 1

Address: P.O. Box 4

City: Tilden State: Texas Zip Code: 78072

Phone #: 361-777-6690 PWS Email: utilitiesnra@nueces-ra.org

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Hackberry				✓		12/23/24	1055	2.45		<input type="checkbox"/>	
Elm				✓		12/23/24	1112	2.53		<input type="checkbox"/>	
River <i>K.F. 12/23/24</i>				✓		12/23/24				<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 18.1 Corrected Temp: 18.1 Lab Comments: *Grav. B*

Incubation Date and Time Start Date and Time: 12-23-24 1550 Analyst: CF End Date and Time: 12-24-24 0950 Analyst: CF

Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval Laboratory Approval: *[Signature]* Date: 12/24/24 Time: 1008 Reported to PWS By: CF Date: 12/24/24 Time: 0956

Laboratory Analysis Results

Test Method: *Coli-ert 18*

Rejection Code (if applicable) - Please Recollect:

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>AC47578</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>AC47579</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Analysis Results meet all accreditation requirements unless stated otherwise.

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): Kristian Freeze Sampler Signature: *[Signature]* Sampler Phone #: (361) 777-6690

Sampler Email: kfreeze@nueces-ra.org Operator License # (if applicable): WO0056682

Relinquished By Sampler: *[Signature]* Date and Time: 12/23/24 1349 Received By Courier (if applicable): *[Signature]* Date and Time: *[Blank]*

Relinquished By Courier: *[Blank]* Date and Time: *[Blank]* Received By Lab: *[Signature]* Date and Time: 12/23/24 1349

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 1560002

Public Water System Name: McMullen WCID 1

Report Results To:

Name: McMullen WCID 1

Address: P.O. Box 4

City: Tilden State: Texas Zip Code: 78072

Phone #: 361-777-6690 PWS Email: utilitiesnra@nueces-ra.org

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 3.1	Corrected Temp: 3.1	B	
Incubation Date and Time				Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 12.18.24 1727		Analyst: FUR		
End Date and Time: 12.19.24 1128		Analyst: FA		

Result Reporting and Approval

Laboratory Approval: <i>[Signature]</i>	Date: 12/19/24	Time: 1136
Reported to PWS By: <i>[Signature]</i>	Date: 12.19.24	Time: 1125

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coliform 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Laboratory Sample ID Number: AC47297
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Kristian Freeze	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: (361) 777-6690
Sampler Email: kfreeze@nueces-ra.org	Operator License # (if applicable): WO0056682	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 12/18/24 1545	Received By Courier (if applicable): <i>[Signature]</i> Date and Time: 12/18/24 1545
Relinquished By Courier: <i>[Signature]</i>	Date and Time: 12/18/24 1710	Received By Lab: <i>[Signature]</i> Date and Time: 12-18-24 1710

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 **1560005**

Public Water System Name: **TPWD Choke Canyon**

Report Results To:
 Name: **Choke Canyon State Park**
 Address: **4200 Smith School Rd**
 City: **Austin** State: **Texas** Zip Code: **78744**
 Phone #: **361-777-6690** PWS Email: **utilitiesnra@nueces-ra.org**

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location <small>Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection <small>(Repeat, TSM Raw Well, Replacement)</small>
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Group Picnic #1	✓					12/26/24	1133	0.4		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **3.1** Corrected Temp: **3.1** Lab Comments: **Green A**

Incubation Date and Time Lab Rejected Code (LR) - Document Reason:

Start Date and Time: **12-27-24 1056** Analyst: **CF**

End Date and Time: **12-28-24 / 1147** Analyst: **MM**

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: **12/30/24** Time: **0835**

Reported to PWS By: *[Signature]* Date: **12-28-24** Time: **1147**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: **ColiLert**

Analysis Results meet all accreditation requirements unless stated otherwise.

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A047817
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **Kristian Freeze** Sampler Signature: *[Signature]* Sampler Phone #: **(361) 777-6690**

Sampler Email: **kfreeze@nueces-ra.org** Operator License # (if applicable): **WO0056682**

Relinquished By Sampler: *[Signature]* Date and Time: **12/27/24 0931** Received By Courier (if applicable): **[Signature]** Date and Time: **[Blank]**

Relinquished By Courier: **[Blank]** Date and Time: **[Blank]** Received By Lab: **[Signature]** Date and Time: **12/27/24 0831**

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 1560001
(Must be 7 digits; include all zeros)

Public Water System Name: McMullen WCID 2

Report Results To:

Name: McMullen WCID 2
Address: P.O. Box 4
City: Tilden State: Texas Zip Code: 78072
Phone #: 361-777-6690 PWS Email: utilitiesnra@nueces-ra.org

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
G1560001A Church St		✓				12/26/24	1144	0		<input type="checkbox"/>	
	✓					12/26/24	1200	0.31		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 3.1 Corrected Temp: 3.1 Lab Comments: Gum A

Incubation Date and Time: Start Date and Time: 12-27-24 1056 Analyst: CF End Date and Time: 12-28-24 1147 Analyst: VM

Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: [Signature] Date: 12/30/24 Time: 0836
Reported to PWS By: V. May Jr Date: 12-26-24 Time: 1147

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: [] Test Method: ColiLert

Chlorine Check	Total Coliform		E. coli		Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	Absent	Present	Absent	Present		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		AC47818
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		AC47819
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): Kristian Freeze Sampler Signature: [Signature] Sampler Phone #: (361) 777-6690

Sampler Email: kfreeze@nueces-ra.org Operator License # (if applicable): WO0056682

Relinquished By Sampler: [Signature] Date and Time: 12/27/24 0931 Received By Courier (if applicable): [Signature] Date and Time: []

Relinquished By Courier: [Signature] Date and Time: [] Received By Lab: [Signature] Date and Time: 12/27/24 0931

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 1560002
(Must be 7 digits; include all zeros)

Public Water System Name: McMullen WCID 1

Report Results To:

Name: McMullen WCID 1
Address: P.O. Box 4
City: Tilden State: Texas Zip Code: 78072
Phone #: 361-777-6690 PWS Email: utilitiesnra@nueces-ra.org

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special*	Construction*	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
G1560002A			✓			12/26/24	1245	0			
Max's Cafe	✓					12/26/24	1335	2.19			

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: 3.1 Corrected Temp: 3.1 Lab Comments: Gun: A

Incubation Date and Time: Start Date and Time: 12-27-24 1056 Analyst: CF End Date and Time: 12-28-24 1147 Analyst: VM

Result Reporting and Approval: Laboratory Approval: [Signature] Date: 12/30/24 Time: 0836 Reported to PWS By: V. [Signature] Date: 12-28-24 Time: 1147

Laboratory Analysis Results

Test Method: Coli-ert

Rejection Code (if applicable) - Please Recollect: []

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
Present	Absent	Present	Absent	Present	AC47820
Present	Absent	Present	Absent	Present	AC47821

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): Kristian Freeze Sampler Signature: [Signature] Sampler Phone #: (361) 777-6690

Sampler Email: kfreeze@nueces-ra.org Operator License # (if applicable): WO0056682

Relinquished By Sampler: [Signature] Date and Time: 12/27/24 0931 Received By Courier (if applicable): [Signature] Date and Time: []

Relinquished By Courier: [Signature] Date and Time: [] Received By Lab: [Signature] Date and Time: 12/27/24 0931

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 0070002
(Must be 7 digits; include all zeros)

Public Water System Name: City of Jourdanton

Report Results To:

Name: City of Jourdanton
Address: 1604 Hwy 97, Ste A
City: Jourdanton State: Texas Zip Code: 78026
Phone #: 361-777-6690 PWS Email: utilitiesnra@nueces-ra.org

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 3.1	Corrected Temp: 3.1	Gum - A	
Incubation Date and Time				Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 12-27-24/0931	Analyst: CF			
End Date and Time: 12-28-24/1147	Analyst: UM			

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: 12/30/24 Time: 0536
Reported to PWS By: *[Signature]* Date: 12-28-24 Time: 1147

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: <i>Coli-ert</i>						Analysis Results meet all accreditation requirements unless stated otherwise.	Laboratory Sample ID Number
	Chlorine Check		Total Coliform		E. coli			
	Absent	Present	Absent	Present	Absent	Present		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC47824	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC47825	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC47826	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC47827	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC47828	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC47829	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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): Kristian Freeze	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: (361) 777-6690
Sampler Email: kfreeze@nueces-ra.org	Operator License # (if applicable): WO0056682	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 12/27/24 0931	Received By Courier (if applicable): <i>[Signature]</i>
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 12/27/24 0931

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 1420006
(Must be 7 digits; include all zeros)

Public Water System Name: Fowlerton WSC

Report Results To:

Name: Fowlerton WSC
Address: P.O. Box 537
City: Fowlerton State: Texas Zip Code: 78021
Phone #: 361-777-6690 PWS Email: utilitiesnra@nueces-ra.org

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special*	Construction*	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
G1420006A			✓			12/26/24	1410	0		<input type="checkbox"/>	
851 Colorado	✓					12/26/24	1420	0.33		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



Laboratory Analysis

Sample Iced?	Temperature (°C)		Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp: 3.1	Corrected Temp: 3.1	Gen. A
Incubation Date and Time			Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 12-27-24 1056	Analyst: CF		
End Date and Time: 12-28-24 1147	Analyst: VM		
Result Reporting and Approval			
Laboratory Approval: <i>[Signature]</i>	Date: 12/30/24	Time: 0830	
Reported to PWS By: <i>[Signature]</i>	Date: 12-28-24	Time: 1147	

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coliure						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	Laboratory Sample ID Number
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC47822
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC47823
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Kristian Freeze	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: (361) 777-6690
Sampler Email: kfreeze@nueces-ra.org	Operator License # (if applicable): WO0056682	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 12/27/24 0931	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 12/27/24 0931

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-rule

Water System Identification & Sample Collection Information (Please print or type the information)

Public Water System ID: TX 1780012
(Must be 7 digits; include all zeros)

Public Water System Name: City of Driscoll

Report Results To:

Name: City of Driscoll

Address: P.O. Box 178

City: Driscoll State: Texas Zip Code: 78351

Phone #: 361-777-6690 PWS Email: utilitiesnra@nueces-ra.org

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



TCEQ Laboratory ID: T104704386

Laboratory Analysis

Sample Iced?		Temperature (°C)				Lab Comments
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Actual Temp: 3.1	Corrected Temp: 3.1	Gun: A		
Incubation Date and Time						Lab Rejected Code (LR) - Document Reason:
Start Date and Time: 12-27-24/0930		Analyst: CF				
End Date and Time: 12-28-24/1147		Analyst: VM				

Result Reporting and Approval

Laboratory Approval: <i>[Signature]</i>	Date: 12/30/24	Time: 0837
Reported to PWS By: <i>[Signature]</i>	Date: 12-28-24	Time: 1147

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: <i>Coli-ert</i>						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	Laboratory Sample ID Number
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AL47833
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Kristian Freeze	Sampler Signature: <i>[Signature]</i>	Sampler Phone #: (361) 777-6690
Sampler Email: kfreeze@nueces-ra.org	Operator License # (if applicable): WO0056682	
Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 12/27/24 0931	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab: <i>[Signature]</i>
		Date and Time: 12/27/24 0931

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 2470002
(Must be 7 digits; include all zeros)

Public Water System Name: City of Poth

Report Results To:

Name: City of Poth
Address: 200 N Carroll
City: Poth State: Texas Zip Code: 78147
Phone #: 361-777-6690 PWS Email: utilitiesnra@nueces-ra.org

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
125 Carroll	✓					12/26/24	1735	1.74		<input type="checkbox"/>	
405 Schneider	✓					12/26/24	1753	1.57		<input type="checkbox"/>	
219 Monkhouse	✓					12/26/24	1804	1.36		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Water Utilities Laboratory - City of Corpus Christi
13101 Leopard St.
Corpus Christi, TX 78410
Phone: (361) 826-1200
Email: ccwlab@cctexas.com



Laboratory Analysis					
Sample Iced?		Temperature (°C)			Lab Comments
Yes	No	Actual Temp:	Corrected Temp:		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.1	3.1	Gum. A	
Incubation Date and Time					Lab Rejected Code (LR) - Document Reason:
Start Date and Time:	2-27-24/0506	Analyst:	CE		
End Date and Time:	12-28-24/1147	Analyst:	VMA		

Result Reporting and Approval			
Laboratory Approval:	<i>[Signature]</i>	Date:	12/30/24
Reported to PWS By:	<i>[Signature]</i>	Date:	12-28-24
		Time:	0857
		Time:	1147

Laboratory Analysis Results							
Rejection Code (if applicable) - Please Recollect	Test Method: Colilert						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC47830
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC47831
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC47832
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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):	Kristian Freeze	Sampler Signature:	<i>[Signature]</i>	Sampler Phone #:	(361) 777-6690
Sampler Email:	kfreeze@nueces-ra.org	Operator License # (if applicable):	WO0056682		
Relinquished By Sampler:	<i>[Signature]</i>	Date and Time:	12/27/24 0931	Received By Courier (if applicable):	
Relinquished By Courier:		Date and Time:		Received By Lab:	<i>[Signature]</i>
				Date and Time:	12/27/24 0931

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 **1420006**

Public Water System Name: **Fowlerton WSC**

Report Results To:

Name: **Fowlerton WSC**

Address: **P.O. Box 537**

City: **Fowlerton** State: **Texas** Zip Code: **78021**

Phone #: **361-777-6690** PWS Email: **utilitiesnra@nueces-ra.org**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com

TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced?		Temperature (°C)				Lab Comments
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Actual Temp:	5.2	Corrected Temp:	5.2	Gun B
Incubation Date and Time						Lab Rejected Code (LR) - Document Reason:
Start Date and Time:		28251453	Analyst:		CF	
End Date and Time:		129200916	Analyst:		CF	

Result Reporting and Approval



Laboratory Approval:  Date: **01/29/25** Time: **1005**

Reported to PWS By: **CF** Date: **12920** Time: **0915**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Colibert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ac50016
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ac50017
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Kristian Freeze	Sampler Signature: 	Sampler Phone #: (361) 777-6690
Sampler Email: kfreeze@nueces-ra.org	Operator License # (if applicable): WO0056682	
Relinquished By Sampler: 	Date and Time: 1/28/25 0941	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab: Vpaz
		Date and Time: 1/28/25 0946

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 **1560001**

Public Water System Name: **McMullen WCID 2**

Name: **McMullen WCID 2**

Address: **P.O. Box 4**

City: **Tilden** State: **Texas** Zip Code: **78072**

Phone #: **361-777-6690** PWS Email: **utilitiesnra@nueces-ra.org**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com

TCEQ Laboratory ID:
T104704386

Report Results To:

Laboratory Analysis

Sample Iced?	Temperature (°C)				Lab Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Actual Temp:	5.2	Corrected Temp:	5.2	Gurb

Incubation Date and Time				Lab Rejected Code (LR) - Document Reason:
Start Date and Time:	1-28-25 1450	Analyst:	CR	
End Date and Time:	1-29-25 0915	Analyst:	CF	

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: **01/29/25** Time: **1000**

Reported to PWS By: **CF** Date: **1-29-25** Time: **0915**

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special*	Construction*	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
G1560001A		<input checked="" type="checkbox"/>				1/27/25	1137	0		<input type="checkbox"/>	
159 Quail Run	<input checked="" type="checkbox"/>									<input type="checkbox"/>	
Community Center	<input checked="" type="checkbox"/>					1/27/25	1159	3.98		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: **ColiAlert 18**

Analysis Results meet all accreditation requirements unless stated otherwise.

Rejection Code (if applicable) - Please Recollect	Test Method: ColiAlert 18						Laboratory Sample ID Number
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC50020
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC50021
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **Kristian Freeze** Sampler Signature: *[Signature]* Sampler Phone #: **(361) 777-6690**

Sampler Email: **kfreeze@nueces-ra.org** Operator License # (if applicable): **WO0056682**

Relinquished By Sampler: <i>[Signature]</i>	Date and Time: 1/29/25 0946	Received By Courier (if applicable):	Date and Time:
Relinquished By Courier:	Date and Time:	Received By Lab: Vpc2	Date and Time: 1/29/25 0946

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 **1560002**

Public Water System Name: **McMullen WCID 1**

Name: **McMullen WCID 1**

Address: **P.O. Box 4**

City: **Tilden** State: **Texas** Zip Code: **78072**

Phone #: **361-777-6690** PWS Email: **utilitiesnra@nueces-ra.org**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ctctexas.com

TCEQ Laboratory ID:
T104704386

*** SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES**

Sample Identification/Location Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
G1560002A		✓				1/27/25	1254	0		<input type="checkbox"/>	
Courthouse	✓					1/27/25	1306	0.22		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **5.2** Corrected Temp: **5.2** Lab Comments: **Can B**

Incubation Date and Time: Start Date and Time: **1-28-25 1403** Analyst: **CF** Lab Rejected Code (LR) - Document Reason:

End Date and Time: **1-29-25 0129** Analyst: **SA**

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: **01/29/25** Time: **0918**
 Reported to PWS By: **CF** Date: **1-29-25** Time: **0918**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: **COLIERT18** Test Method: **COLIERT18** Analysis Results meet all accreditation requirements unless stated otherwise.

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC50018
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AC50019
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AC50019 v0 1-28-25
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **Kristian Freeze** Sampler Signature: *[Signature]* Sampler Phone #: **(361) 777-6690**

Sampler Email: **kfreeze@nueces-ra.org** Operator License # (if applicable): **WO0056682**

Relinquished By Sampler: *[Signature]* Date and Time: **1/28/25 0246** Received By Courier (if applicable): Date and Time:

Relinquished By Courier: Date and Time: Received By Lab: **Vpaz** Date and Time: **1/28/25 0946**

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 **1560005**

Public Water System Name: **TPWD Choke Canyon**

Name: **Choke Canyon State Park**
 Address: **4200 Smith School Rd**
 City: **Austin** State: **Texas** Zip Code: **78744**
 Phone #: **361-777-6690** PWS Email: **utilitiesnra@nueces-ra.org**

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Use sample site location/address identified in the system's RTCR Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)											
Sports Complex	✓					1/27/25	1127	0.05		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com

TCEQ Laboratory ID:
T104704386

Laboratory Analysis						
Sample Ined?		Temperature (°C)			Lab Comments	
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Actual Temp: 5.2	Corrected Temp: 5.2	Gun B
Incubation Date and Time					Lab Rejected Code (LR) - Document Reason:	
Start Date and Time: 1-28-25 14:53		Analyst: CP				
End Date and Time: 1-29-25 09:15		Analyst: CP				

Result Reporting and Approval			
Laboratory Approval:		Date:	01/29/25
Reported to PWS By:	CP	Date:	1-29-25
		Time:	10:06
		Time:	09:15

Laboratory Analysis Results							
Rejection Code (if applicable) - Please Recollect	Test Method: Coli-Alert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC50014
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Kristian Freeze	Sampler Signature:	Sampler Phone #: (361) 777-6690
Sampler Email: kfreeze@nueces-ra.org	Operator License # (if applicable): WO0056682	
Relinquished By Sampler:	Date and Time: 1/28/25 09:06	Received By Courier (if applicable):
Relinquished By Courier:	Date and Time:	Received By Lab: Vp 92
		Date and Time: 1/28/25 09:46

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 **1780012**

Public Water System Name: **City of Driscoll**

Name: **City of Driscoll**
 Address: **P.O. Box 178**
 City: **Driscoll** State: **Texas** Zip Code: **78351**
 Phone #: **361-777-6690** PWS Email: **utilitiesnra@nueces-ra.org**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St.
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com

TCEQ Laboratory ID:
T104704386

*** SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES**

Sample Identification/Location <small>Use sample site location/address identified in the system's RTRC Sample Siting Plan Raw Wells: Use Well Source ID (Ex: G1234567A)</small>	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection <small>(Repeat, TSM Raw Well, Replacement)</small>
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
Water Tower	✓					1/28/25	0915		3.69	<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis						
Sample Iced?		Temperature (°C)			Lab Comments	
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Actual Temp: 5.2	Corrected Temp: 5.2	Gun B
Incubation Date and Time					Lab Rejected Code (LR) - Document Reason:	
Start Date and Time: 1-28-25 1453		Analyst: CP				
End Date and Time: 1-29-25 0915		Analyst: CP				
Result Reporting and Approval						
Laboratory Approval:			Date: 1/29/25	Time: 1006		
Reported to PWS By: CP			Date: 1-29-25	Time: 0915		

Laboratory Analysis Results							
Rejection Code (if applicable) - Please Recollect	Test Method: Coli-ert 18						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AC 50015
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): Kristian Freeze	Sampler Signature:	Sampler Phone #: (361) 777-6690
Sampler Email: kfreeze@nueces-ra.org	Operator License # (if applicable): WO0056682	
Relinquished By Sampler:	Date and Time: 1/28/25 0446	Received By Courier (if applicable): VPaz
Relinquished By Courier: VPaz	Date and Time: 1/28/25 0946	Date and Time: 1/28/25 0946

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 **0070002**

Public Water System Name: **City of Jourdanton**

Name: **City of Jourdanton**

Address: **1604 Hwy 97, Ste A**

City: **Jourdanton** State: **Texas** Zip Code: **78026**

Phone #: **361-777-6690** PWS Email: **UtilitiesArea@nvcces-ra.org**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ccctexas.com



TCEQ Laboratory ID:
T104704386

Report Results To:

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **8.9** Corrected Temp: **8.9** Lab Comments: **Gen: B**

Incubation Date and Time: Start Date and Time: **1-29-25 1104** Analyst: **CF** End Date and Time: **1-30-25 1104** Analyst: **CF** Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: **1/30/25** Time: **1110**

Reported to PWS By: *[Signature]* Date: **1-30-25** Time: **1104**

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
674 Deer Trail	/					1/29/25	1359	0.73		<input type="checkbox"/>	
210 La Parita	/					1/29/25	1419 RP	0.58		<input type="checkbox"/>	
717 Olive	/					1/29/25	1430	0.75		<input type="checkbox"/>	
1108 Cantrell	/					1/29/25	1443	1.07		<input type="checkbox"/>	
515 Magnolia	/					1/29/25	1455	0.85		<input type="checkbox"/>	
2903 Brown	/					1/29/25	1508	0.87		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: Test Method: **Coli-ert** Analysis Results meet all accreditation requirements unless stated otherwise.

Chlorine Check	Total Coliform		E. coli		Laboratory Sample ID Number
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC50155
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC50156
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC50157
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC50158
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC50159
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC50160
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **Kristian Freeze** Sampler Signature: *[Signature]* Sampler Phone #: **361-777-6690**

Sampler Email: **kfreeze@nvcces-ra.org** Operator License # (if applicable): **W00056682**

Relinquished By Sampler: *[Signature]* Date and Time: **1/29/25 0850** Received By Courier (if applicable): **Panel JA** Date and Time: **1/29/25 0830**

Relinquished By Courier: Date and Time: Received By Lab: **Panel JA** Date and Time: **1/29/25 0830**

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 **2470002**

Public Water System Name: **City of Poth**

Name: **City of Poth**
 Address: **200 N Carroll**
 City: **Poth** State: **Texas** Zip Code: **79147**
 Phone #: **361-777-6690** PWS Email: **Utilitiesnra@nueces-ra.org**

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@cctexas.com



Laboratory Analysis

Sample Jced? Yes No Temperature (°C) Actual Temp: **8.9** Corrected Temp: **8.9** Lab Comments: **Grw Gun B**

Incubation Date and Time Lab Rejected Code (LR) - Document Reason:

Start Date and Time: **1-29-25 1104** Analyst: **CF**
 End Date and Time: **1-30-25 1104** Analyst: **CF**

Result Reporting and Approval

Laboratory Approval: **[Signature]** Date: **01/30/25** Time: **1110**
 Reported to PWS By: **CF** Date: **1-30-25** Time: **1104**

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
501 Green	✓					1/28/25	1615	1.90		<input type="checkbox"/>	
501 Voges	✓					1/28/25	1624	1.88		<input type="checkbox"/>	
123 Sylvester	✓					1/28/25	1637	1.52		<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
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										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect: **Coliform**

Chlorine Check	Total Coliform		E. coli		Analysis Results meet all accreditation requirements unless stated otherwise.
	Absent	Present	Absent	Present	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Laboratory Sample ID Number: AC50161
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC50162
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AC50163
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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): **Kristian Freeze** Sampler Signature: **[Signature]** Sampler Phone #: **361-777-6690**

Sampler Email: **kfreeze@nueces-ra.org** Operator License # (if applicable): **W00056682**

Relinquished By Sampler: **[Signature]** Date and Time: **1/29/25 0850** Received By Courier (if applicable): **[Signature]** Date and Time: **[Blank]**

Relinquished By Courier: **[Blank]** Date and Time: **[Blank]** Received By Lab: **[Signature]** Date and Time: **1/29/25 0850**

TCEQ Microbial Reporting Form (TCEQ-10525)

Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-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 **1560002**

Public Water System Name: **McMullen WCID 1**

Report Results To:

Name: **McMullen County**

Address: **P.O. Box 4**

City: **Tilden** State: **Texas** Zip Code: **78072**

Phone #: **361-777-6690** PWS Email: **utilitiesnra@nueces-ra.org**

* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES

Sample Identification/Location	Sample Type (√ one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special*	Construction*	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
G1560002A			✓			01/30/25	0525	0			AC50019 1/27/25
Courthouse (Upstream)	✓					01/30/25	0532	3.75			AC50019 1/27/25
Courthouse (Original)	✓					01/30/25	0606	2.76			AC50019 1/27/25
Courthouse (Downstream)	✓					01/30/25	0616	4.10			AC50019 1/27/25

Water Utilities Laboratory - City of Corpus Christi
 13101 Leopard St
 Corpus Christi, TX 78410
 Phone: (361) 826-1200
 Email: ccwlab@ctexas.com



TCEQ Laboratory ID:
T104704386

Laboratory Analysis

Sample Iced? Yes No Temperature (°C) Actual Temp: **8.1** Corrected Temp: **8.1** Lab Comments: **Gen: B**

Incubation Date and Time

Start Date and Time: **1-30-25 11:24** Analyst: **CF**

End Date and Time: **1-31-25 11:24** Analyst: **CF**

Lab Rejected Code (LR) - Document Reason:

Result Reporting and Approval

Laboratory Approval: *[Signature]* Date: **01/31/25** Time: **11:29**

Reported to PWS By: **CF** Date: **1-31-25** Time: **11:24**

Laboratory Analysis Results

Rejection Code (if applicable) - Please Recollect	Test Method: Coli-ert						Analysis Results meet all accreditation requirements unless stated otherwise.
	Chlorine Check		Total Coliform		E. coli		
	Absent	Present	Absent	Present	Absent	Present	
	✓	□	✓	□	✓	□	AC50282
	✓	□	✓	□	✓	□	AC50283
	✓	□	✓	□	✓	□	AC50284
	✓	□	✓	□	✓	□	AC50285

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): **Kristian Freeze** Sampler Signature: *[Signature]* Sampler Phone #: **361-777-6690**

Sampler Email: **kfreeze@nueces-ra.org** Operator License # (if applicable): **WO0056682**

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Relinquished By Courier: *[Signature]* Date and Time: **1/30/25 0840** Received By Lab: *[Signature]* Date and Time: **1/30/25 0840**