



BIO CHEM LAB, INC.
 4751 Tokko Road, West, TX 76691 0456
 P: 254.829.8001 F: 254.829.8013 C: 254.749.4320
 E: customerservice@biochemlabtx.com

TCEQ Microbial Reporting Form
 TCEQ Form 10025 08/2017
 Water System Identification & Sample Collection Information (Please type or use block print)
 Public Water System ID: TX 01400006
 Public Water System Name: CITY OF KILLEB
 County: Bell
 Name: TRAVIS BAUARD
 Address: 1901 BOTANICAL DR
 City: KILLEB
 State: Texas City Code: 76542
 Phone at: 254.501.6325 Diner Contact: 254-317-5288
 Sample Name (Agency): ESTEBAN ALFONSO Operator License #: WDD010538
 Sampler Name: Esteban Alfonso

Facilities 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) By signing this form, the sampler acknowledges that the samples were collected as indicated, and that the information submitted is accurate.

Sample ID & Date at Collection (Including Sample ID, Date, Time, Location, & Sampler Name)

Sample ID	Date	Time	Location	Sampler Name
3.2.28C	10.5.21	11:40	1901 Botanical Dr	Esteban Alfonso
IR1	10.5.21	1630	1901 Botanical Dr	Esteban Alfonso
350	10.11.21	1755	1901 Botanical Dr	Esteban Alfonso

Lab Approval: (DATE/TIME) 10/5/21 1755
 Lab Location: 1901 Botanical Dr
 Lab Contact: IR1
 Lab Phone: 254-317-5288
 Lab Email: esteban@biochemlabtx.com

Sample Identification/Location	Sample Type: Select Only One			Collection Information		Chlorine Residual (mg/L)	Rejection Code (if applicable)	Lab Results		Laboratory Sample ID Number
	Tap Well	Special	Construction	Date	Time			Chlorine	Free Chlorine	
2-2702 Alcenter DR	X			10/5/21	10:45	0.9		Present	Present	131507
1-1201 CINCY DR.	X			10/5/21	10:55	0.8		Present	Present	131508
14-1400 W. CTE	X			10/5/21	11:05	1.0		Present	Present	131509
31-620 S. FT. LINDO ST.	X			10/5/21	11:15	0.7		Present	Present	131510
33-606 S. 2ND ST.	X			10/5/21	11:23	1.6		Present	Present	131511

REJECTION CODES: 01 = Insufficient/Excessive, 02 = Chlorine Present/Absent, 03 = Coliform Present/Absent, 04 = Total Coliform Present/Absent, 05 = Heterotrophic Plate Count Present/Absent, 06 = Turbidity Present/Absent, 07 = pH Present/Absent, 08 = Free Chlorine Present/Absent, 09 = Total Chlorine Present/Absent, 10 = Chlorine Demand Present/Absent, 11 = Chlorine Residual Present/Absent, 12 = Chlorine Residual Present/Absent, 13 = Chlorine Residual Present/Absent, 14 = Chlorine Residual Present/Absent, 15 = Chlorine Residual Present/Absent, 16 = Chlorine Residual Present/Absent, 17 = Chlorine Residual Present/Absent, 18 = Chlorine Residual Present/Absent, 19 = Chlorine Residual Present/Absent, 20 = Chlorine Residual Present/Absent, 21 = Chlorine Residual Present/Absent, 22 = Chlorine Residual Present/Absent, 23 = Chlorine Residual Present/Absent, 24 = Chlorine Residual Present/Absent, 25 = Chlorine Residual Present/Absent, 26 = Chlorine Residual Present/Absent, 27 = Chlorine Residual Present/Absent, 28 = Chlorine Residual Present/Absent, 29 = Chlorine Residual Present/Absent, 30 = Chlorine Residual Present/Absent, 31 = Chlorine Residual Present/Absent, 32 = Chlorine Residual Present/Absent, 33 = Chlorine Residual Present/Absent, 34 = Chlorine Residual Present/Absent, 35 = Chlorine Residual Present/Absent, 36 = Chlorine Residual Present/Absent, 37 = Chlorine Residual Present/Absent, 38 = Chlorine Residual Present/Absent, 39 = Chlorine Residual Present/Absent, 40 = Chlorine Residual Present/Absent, 41 = Chlorine Residual Present/Absent, 42 = Chlorine Residual Present/Absent, 43 = Chlorine Residual Present/Absent, 44 = Chlorine Residual Present/Absent, 45 = Chlorine Residual Present/Absent, 46 = Chlorine Residual Present/Absent, 47 = Chlorine Residual Present/Absent, 48 = Chlorine Residual Present/Absent, 49 = Chlorine Residual Present/Absent, 50 = Chlorine Residual Present/Absent, 51 = Chlorine Residual Present/Absent, 52 = Chlorine Residual Present/Absent, 53 = Chlorine Residual Present/Absent, 54 = Chlorine Residual Present/Absent, 55 = Chlorine Residual Present/Absent, 56 = Chlorine Residual Present/Absent, 57 = Chlorine Residual Present/Absent, 58 = Chlorine Residual Present/Absent, 59 = Chlorine Residual Present/Absent, 60 = Chlorine Residual Present/Absent, 61 = Chlorine Residual Present/Absent, 62 = Chlorine Residual Present/Absent, 63 = Chlorine Residual Present/Absent, 64 = Chlorine Residual Present/Absent, 65 = Chlorine Residual Present/Absent, 66 = Chlorine Residual Present/Absent, 67 = Chlorine Residual Present/Absent, 68 = Chlorine Residual Present/Absent, 69 = Chlorine Residual Present/Absent, 70 = Chlorine Residual Present/Absent, 71 = Chlorine Residual Present/Absent, 72 = Chlorine Residual Present/Absent, 73 = Chlorine Residual Present/Absent, 74 = Chlorine Residual Present/Absent, 75 = Chlorine Residual Present/Absent, 76 = Chlorine Residual Present/Absent, 77 = Chlorine Residual Present/Absent, 78 = Chlorine Residual Present/Absent, 79 = Chlorine Residual Present/Absent, 80 = Chlorine Residual Present/Absent, 81 = Chlorine Residual Present/Absent, 82 = Chlorine Residual Present/Absent, 83 = Chlorine Residual Present/Absent, 84 = Chlorine Residual Present/Absent, 85 = Chlorine Residual Present/Absent, 86 = Chlorine Residual Present/Absent, 87 = Chlorine Residual Present/Absent, 88 = Chlorine Residual Present/Absent, 89 = Chlorine Residual Present/Absent, 90 = Chlorine Residual Present/Absent, 91 = Chlorine Residual Present/Absent, 92 = Chlorine Residual Present/Absent, 93 = Chlorine Residual Present/Absent, 94 = Chlorine Residual Present/Absent, 95 = Chlorine Residual Present/Absent, 96 = Chlorine Residual Present/Absent, 97 = Chlorine Residual Present/Absent, 98 = Chlorine Residual Present/Absent, 99 = Chlorine Residual Present/Absent, 00 = Chlorine Residual Present/Absent.



BIO CHEM LAB, INC.
 4751 Tokio Road, West, TX 76691-0356
 P: 254.329.8001 F: 254.829.8013 C: 254.749.4320
 E: customerservice@biochemlabtx.com

TCEC Accreditation ID:
 T104704270

TCEQ Form 10625
 08/2017

TCEQ Microbial Reporting Form
 Water System Identification & Sample Collection Information (Please type or use block print)
 Public Water System ID: TX 0140006
 Public Water System Name: City of Killeen
 County: Bell
 Name: Travis Bauard
 Address: 1901 Botanical Dr
 City: Killeen
 State: Texas Zip Code: 76542
 Phone #: 254-501-6325 Other Contact: 254-317-5296
 Operator License #: WD0010538
 Operator: Owner Other:

SHADIED AREA FOR LABORATORY USE ONLY
 Relinquished By (Sampler): [Signature]
 Date / Time: 10-6-21 10:45u
 Received By (Courier, if applicable): [Signature]
 Date / Time: 10-6-21 12:25
 Relinquished By (Courier): [Signature]
 Date / Time: 10-6-21 15:25
 Received By (Lab): [Signature]
 Date / Time: 10-6-21 15:25
 Lab Comments: [Signature]
 Incubation / Analysis Period
 INITIAL Date: 10-6-21 Time: 17:30 Analyst: [Signature]
 FINAL Date: 10-7-21 Time: 17:30 Analyst: [Signature]
 Lab Approval: (INITIAL/DATE/TIME)
 JLS 10.7.21
 Report to Client By: [Signature] 10.7.21 Email

Sample ID and Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)
 Chlorine Residual (mg/L)
 Rejection Code (if applicable) Please Resubmit
 Labotze Insta-Test: Total Chlorine Strips
 Chlroline v
 Total Coliform
 E. coli
 Laboratory Sample ID Number

Sample ID and Date of Originating Sample	Chlorine Residual (mg/L)	Rejection Code	Labotze Insta-Test: Total Chlorine Strips	Chlroline v	Total Coliform	E. coli	Laboratory Sample ID Number
18-5201 CLEAR CREEK	1.0		✓	✓	✓	✓	131528
32-404 S. FT HARD ST.	0.7		✓	✓	✓	✓	131529
38-200 E. AVE. D	2.5		✓	✓	✓	✓	131530
11-4808 WESTCUFF RD	0.8		✓	✓	✓	✓	131531
49-3809 E. STAV SCHWETZ	1.5		✓	✓	✓	✓	131532
54-3000 S. W. S YOUNG	1.0		✓	✓	✓	✓	131533
26-2702 O. W CURRY	1.0		✓	✓	✓	✓	131534

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) By signing this form, the sampler acknowledges that the samples were collected as indicated, and that the information submitted is accurate.

Sample Identification/Location
 Use Specific Address / Location Identified in Sample Siting Plan
 Raw Wells Use Source ID for Well Sampled Example: G1234567A

Sample Type: Select Only One
 Routine (Distribution) Construction * Special * Raw Well Repeat

Collection Information
 Date: 10/6/21 Time: 8:12 AM
 10/6/21 8:40 AM
 10/6/21 8:50 AM
 10/6/21 9:16 AM
 10/6/21 9:43 AM
 10/6/21 9:56 AM
 10/6/21 10:05 AM

REJECTION CODES
 Exceeded Hold Time, VO/REV = Volume: Insufficient/Excessive, CL/NC = Chlorine: Present/Residual not Recorded, ST = Silt / Turbidity, BR = Broken in Transit, FZ = Frozen Sample, LT = Leaked in Transit, LA = Lab Accident, IN = Insufficient Sample Information

PROJECT NOTES: BOTTLE WATER EMAIL VERBAL CONTACT NOTES: EMAIL ADDRESS / PHONE:



BIO CHEM LAB, INC.
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 P: 254.829.8001 F: 254.829.8013 E: 254.749.4320
 E: customer.service@biochemlabtx.com

TCEQ Accreditation ID:
 T100704270

TCEQ Microbial Reporting Form
 TCR Form 1655
 06/2017

Water System Identification & Sample Collection Information (Please type or use block print)
 Public Water System ID: TX 0140006
 (Must be 7 digits, include all)
 Public Water System Name: CITY OF KILLEEN
 County: Bell

Sample Name: TRAVIS BALLARD
 Address: 1901 BOTANICAL DR.
 City: KILLEEN
 State: TEXAS
 Zip Code: 76542
 Phone #: 254-501-6325
 Other Contact: 254-317-5296
 Operator License #: WD0010538

Sample Name (Print): ESTEBAN ALFONSO
 Sample Name (Handwritten): Esteban Alfonso
 Signature: *Esteban Alfonso*

Publication of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37.00) By signing this form, the sampler acknowledges that the samples were collected as indicated, and that the information submitted is accurate.

Lab Approval: INITIAL/DATE/TIME: JS 10.11.21
 Approved By: *JS*
 Date / Time: 10-11-21

Sample Identification/Location (Use Specific Address / Location Identified in Sample Sitting Plan) See Wells Use Source ID for Well Sampled Example: 612345678	Sample Type: Select Only One		Collection Information		Chlorine Residual Yes/No If Yes, (If applicable) Provide Sample ID for Test (See TCEQ Form 1655)	Rejection Code (If applicable) Provide Sample ID	Lab Results
	Tap	Other	Date	Time			
UPSTREAM - 6106 GRIFFITH LP	X		10/6/21	7:30	0.7		SR 9225-1261X Colliert
ORIGINAL - 6201 GRIFFITH LP	X		10/6/21	7:45	0.7		SR 9225-1261X Colliert
DOWNSTREAM - 6211 GRIFFITH LP	X		10/6/21	7:56	0.7		SR 9225-1261X Colliert

Sample ID	Date / Time	Analyst	Total Coliforms		E. coli		Laboratory Sample ID Number
			Present	Absent	Present	Absent	
521	10-6-21	10:45					13/535
525	12-9-01						13/536
525	10-6-21						13/537

Enriched Media Test, POU/UV = Volume, Inactivation/Elimination, CLNC = Chlorine Residual not Reported, ST = Silt / Turbidity, BR = Broken in Transit, PG = From Sample, UT = Used in Transit, LA = Lab Accident, DR = Inactivation Sample Information
 For more information visit www.tceq.texas.gov/online-services/microbial-reporting
 PROJECT NOTES: ROIL WATER PHAIL YERBA CONTACT NOTES: EMAIL ADDRESS / PHONE:



BIO CHEM LAB, INC.
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 P: 254-829-8001 F: 254-829-8013 C: 254-749-4530
 E: customerservice@biochemlabtx.com

1230 Form 10/25
 08/2017

Water System Identification & Sample Collection Information (Please type or use block print)
 Public Water System ID: TX 0140006
 Public Water System Name: CITY OF KIWEEN

County: BELL

Name: TRAVIS BAUMARD

Address: 1901 BOTANICAL DR
 City: KIWEEN
 State: TEXAS Zip Code: 76542

Phone #: 254-501-6325 Other Contact: 254-317-5296
 Operator License #: WD0010538

Operator: Owner: Inhibit:

Sample ID: ESTERAO ALFONSO
 Sample Location: *Estero Alfonso*

LABORATORY USE ONLY

Sample Level: No Yes

Temperature (DB/IDB): 7.6/2.0

TRIMMER ID: JRI

Lab Approval (INITIAL/DATE/TIME): JS 10.11.21

Report to Client by: *Alfonso*

Sample Identification/Location (Use Specific Address / Location Identical to Sample String Ptn for 4-12 Use Source ID for 6-11) (See Example: 4121587A)	Sample Type: Select Only One			Collection Information			Chlorine Residual (mg/L) Pipes, Tap, or Total (mg/L)	Rejection Code (If applicable) Please Number	Substrate Test Total Chlorine Strips	SM 9228-100X1 Colliert		Laboratory Sample ID Number
	Report	Spot	Flow	Date	Time	Method				Result	Total Colliert	
10-3705 E. VMB	X			10/7/21	7:45		1.0			<input checked="" type="checkbox"/>	<input type="checkbox"/>	131589
47-1714 DUNNAN AVE	X			10/7/21	8:05		1.8			<input checked="" type="checkbox"/>	<input type="checkbox"/>	131590
57-908 TERRACE DR.	X			10/7/21	8:20		1.1			<input checked="" type="checkbox"/>	<input type="checkbox"/>	131591
6-4606 CHELSEA DR.	X			10/7/21	9:13		1.0			<input checked="" type="checkbox"/>	<input type="checkbox"/>	131592
4-3504 KEVIN SHAW	X			10/7/21	9:26		1.2			<input checked="" type="checkbox"/>	<input type="checkbox"/>	131593
29-3200 S FT HOOD ST.	X			10/7/21	9:42		1.0			<input checked="" type="checkbox"/>	<input type="checkbox"/>	131594
22-2201 TRIMHUR RD	X			10/7/21	9:55		1.0			<input checked="" type="checkbox"/>	<input type="checkbox"/>	131595
44-711 N 6th ST.	X			10/7/21	10:13		0.7			<input checked="" type="checkbox"/>	<input type="checkbox"/>	131596
23-2600 GATEWAY DR.	X			10/7/21	10:30		0.7			<input checked="" type="checkbox"/>	<input type="checkbox"/>	131597

Final Results must meet all accreditation / certification requirements unless stated otherwise.

ISO 9001:2015 Certified Check - *Scipio Check - Precision Lab*

PROJECT NOTES: BOIL WATER, BMA11, FEDERAL, CONTACT NOTES: EMAIL ADDRESS / PHONE:



BIO CHEM LAB, INC.
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 E: customerservice@biochemlabtx.com

TCEQ Accreditation ID: T104704270

TCEQ Form 10525
08/2017

TCEQ Microbial Reporting Form

Water System Identification & Sample Collection Information (Please type or use block print)
 Public Water System ID: TX 0140006
 Public Water System Name: City of Kilbuck
 County: Bell
 Name: Travis Ballard
 Address: 1901 Botanical Dr.
 City: Kilbuck
 State: Texas
 Zip Code: 76542
 Phone #: 854-502-6325
 Other Contact: 254-317-5296
 Operator License #: 600015423
 Sampler Name (Print): Travis Ballard
 Sampler Signature: [Signature]
 Operator: [Initials] Other: []

Report Results To:
 Sample Iced? Yes No
 Temperature (DB/COB): 14.2 / 13.8 C
 THERMOMETER ID: IR-1
 Received By (Lab): [Signature]
 Date / Time: 10.8.21 10:30
 Relinquished By (Sampler): [Signature]
 Date / Time: 10/8/9:11
 Relinquished By (Courier):
 Date / Time:
 Lab Comments: Verbal MKR
 Lab Approval: (INITIAL/DATE/TIME) MKR 10.9.21 12:40
 Report to Client By: [Signature] Email
 Date / Time: 10.9.21 12:40

SHADED AREA FOR LABORATORY USE ONLY

Incubation / Analysis Period
 INITIAL: 10.8.21 12:40 Analyst: MKR
 FINAL: 10.9.21 12:40 Analyst: MKR

Test Results must meet all accreditation / certification requirements unless stated otherwise.

Lab Results

Chlorine Residual (mg/L): 0.6
 Chlorine v: Present Absent
 Total Coliform: Present Absent
 E. coli: Present Absent
 Laboratory Sample ID Number: 131643

Rejection Code (if applicable):
 Please Resubmit

Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples):
 Date: 10/8/21 Time: 8:35 AM
 Date: 10/8/21 Time: 8:55 AM

Collection Information:
 Date: 10/8/21 Time: 8:35 AM
 Date: 10/8/21 Time: 8:55 AM

Sample Type: Select only one
 Routine (Distribution) Report Raw Well Special * Construction *

Use Specific Address / Location Identified in Sample Siting Plan
 Raw Wells Use Source ID for Well Sampled Example: G1234567A

Exceeded Hold Time, YO/EV = Volume: Insufficient/Excessive, Q/NC = Chlorine: Present/Residual: not Recorded, ST = Silt / Turbidity: not Recorded, BR = Broken in Transit, FZ = Frozen Sample, LT = Leaked in Transit, LA = Lab Accident, IN = Insufficient Sample Information

REJECTION CODES
 Sample Unsuitable for Analysis

* Special and Construction samples are NOT FOR Chlorine Check - Strip Check - Precision Labs

Instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rul This form has been revised, customized slightly from the TCEQ form to meet typical project specific / quality system requirements of Bio Chem Lab, Inc.

PROJECT NOTES: BOIL WATER _____ EMAIL _____ VERBAL _____ CONTACT NOTES: EMAIL ADDRESS / PHONE: _____



BIO CHEM LAB, INC.
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 E: customerservice@biochemlabtx.com

TCEQ Form 10525
 08/2017

TCEQ Microbial Reporting Form

Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: TX 0140006
 (Must be 7 digits; include all)

Public Water System Name: City of Kilbuck

County: Bell

Name: Travis Ballantyne

Address: 1901 Botanical Dr.

City: Kilbuck

State: Texas

Phone #: 254-501-6325

Zip Code: 76547

Other Contact: 254-317-5296

Operator License #: 200015483

Operator: [Signature] Other: []

Sampler Name (Print): Travis Ballantyne

Sampler Signature: [Signature]

Operator: [Signature] Other: []

Report Results To:

Sample ID and Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)

Collection Information

Sample Type: Select Only One

Sample Identification/Location

Use Specific Address / Location Identified in Sample Siting Plan

Raw Wells Use Source ID For Well Sampled Example: G:294567A

SPI 1701 S. Serrano Rd

Bad water

not for

Chlorine Residual (mg/L)

Free: 0.8

Total: 0.8

Chlorine v

Present Absent Present Absent Present Absent Present Absent Present Absent Present Absent

SM 9223-IDEX Colliert

Total Coliform

E. coli

Lab Results

Lab Approval: (INITIAL/DATE/TIME) SH/AS 10-10-21

Report to Client By: Sarah Hartzell (email)

Incubation / Analysis Period

INITIAL 10-9-21 16:30 Analyst: SH

FINAL 10-10-21 16:30 Analyst: SH

Date / Time: 10-9-21 @ 16:25

Date / Time: 10-9-21 / 2:50P

SHADED AREA FOR LABORATORY USE ONLY

Relinquished by (Sampler): [Signature]

Received by (Courier, if applicable): [Signature]

Relinquished by (Courier):

Received by (Lab): Sarah Hartzell

Lab Comments:

Exceeded Hold Time, VO/EV = Volume: Insufficient/Excessive, CL/NC = Chlorine: Present/Residual not Recorded, ST = Silt / Turbidity

BR = Broken in Transit, FZ = Frozen Sample, LT = Leaked in Transit, LA = Lab Accident, IN = Insufficient Sample Information

Instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-ru This form has been revised. customized slightly from the TCEQ form to meet tropical project specific / quality system requirements of Bio Chem Lab, Inc.

PROJECT NOTES: BOTTLE WATER EMAIL VERRAL ADDRESS / PHONE:



BIO CHEM LAB, INC.
 4751 Tokio Road, West, TX 76691-0356
 P: 254.829.8001 F: 254.829.8013 C: 254.749.4329
 E: customer@bcl.com

TCEQ Microbial Reporting Form
 TCEQ Form 10825 01/2017
 Public Water System ID: TX 01400006
 Public Water System Name: CITY OF KILLEEN
 County: Belton

Water System Identification & Sample Collection Information (Please type or use block print)
 Public Water System ID: TX 01400006
 Public Water System Name: CITY OF KILLEEN
 County: Belton

Sample Information
 Name: TRAVIS BAUARD
 Address: 1901 BOTANICAL DR.
 City: KILLEEN
 State: TEXAS Zip Code: 76542
 Phone #: 254-501-6365
 Other Contact: 254-317-5296
 Sample Age (Days): ESTERAN Alfonso
 Sample Type: Other Operator

Report Results To:
 Name: ESTERAN Alfonso
 Address: 76542
 City: KILLEEN
 State: TEXAS Zip Code: 76542
 Phone #: 254-501-6365
 Other Contact: 254-317-5296

LABORATORY USE ONLY
 Sample ID: 3.2.2.8C
 Date / Time: 10.18.21 / 1620
 Operator: [Signature]
 Date / Time: 10.18.21 / 1645
 Analyst: [Signature]
 Date / Time: 10.18.21 / 1646
 Analyst: [Signature]

Notification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37.50) by signing this form, the sampler acknowledges that the samples were collected as indicated, and that the information submitted is accurate.

Sample Identification/Location Use Specific Address / Location Identified in Sample Billing Plan See Note for Sample ID for Cell Sampling Example: 01234567	Sample Type Select Only One	Collection Information			Chlorine Residual Free (mg/L) Total (mg/L)	Rejection Code (if applicable) Please Recheck	Lab Results		Laboratory Sample ID Number
		Date	Time	Method			Chlorine V	Chlorine V	
24-2401 FLORENCE RD.	X	10/18/21	7:42 AM	10	1.6		Present	Present	131869
7-10101 DIANA DR.	X	10/18/21	8:24 AM	10	0.9		Present	Present	131870
36-6201 SILVERSTONE LP	X	10/18/21	8:50 AM	10	0.8		Present	Present	131871
5-3908 JOMO HABEEB DR.	X	10/18/21	8:00 AM	10	1.7		Present	Present	131872
56-1405 S. WYLOUGH DR.	X	10/18/21	9:20 AM	10	0.9		Present	Present	131873
41-2000 TRIMHIER RD.	X	10/18/21	9:30 AM	10	1.0		Present	Present	131874
40-114 E. AVE D	X	10/18/21	9:46 AM	10	1.7		Present	Present	131875
43-711 V. GRAY ST.	X	10/18/21	9:57 AM	10	1.4		Present	Present	131876
35-1104 W. RAUCIER	X	10/18/21	10:08 AM	10	0.9		Present	Present	131877
13-904 W. JASPER DR.	X	10/18/21	10:30 AM	10	1.2		Present	Present	131878

LABORATORY USE ONLY
 Lab Results
 Chlorine Residual: 1.6 (Free), 1.0 (Total)
 Chlorine V: Present
 Rejection Code: None
 Lab Results: Chlorine V Present, Total Chlorine Present

Special and Construction samples are NOT FOR
 USE IN THE FIELD (DO NOT USE) - Strip Check - Private Lab
 Sample Responsible for Analysis: ESTERAN Alfonso
 Sample Collection Date: 10/18/21
 Sample Collection Time: 7:42 AM
 Sample Collection Method: 10
 Sample Collection Location: 24-2401 FLORENCE RD.
 Sample Collection Address: 24-2401 FLORENCE RD.
 Sample Collection City: KILLEEN
 Sample Collection State: TX
 Sample Collection Zip: 76542
 Sample Collection Phone: 254-501-6365
 Sample Collection Other Contact: 254-317-5296
 Sample Collection Operator: ESTERAN Alfonso
 Sample Collection Analyst: [Signature]
 Sample Collection Date/Time: 10/18/21 / 1645
 Sample Collection Analyst: [Signature]

PROJECT NOTES: BOIL WATER / VERBAL / PHONE / EMAIL



BIO CHEM LAB, INC.
 4751 Tokio Road, West, TX 76691-0356
 P: 254.829.8001 F: 254.829.8013 C: 254.749.4320
 E: customerservice@biochemlabtx.com

TCEQ Form 10525
 08/2017

Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: TX 0140006
 (Must be 7 digits, include all)

Public Water System Name: CITY OF KILLEEN

County: Bell

Relinquished By (Sampler): *Esteban Alfonso*
 Received By (Courier, if applicable):
 Relinquished By (Courier):
 Received By (Lab): *Esteban Alfonso*
 Lab Comments: *Verbal with Reese/HR*
 Lab Approval: (INITIAL/DATE/TIME) *HR 10/23/21 1200*
 Report to Client By: *HR*

SHADED AREA FOR LABORATORY USE ONLY

Sample Iced? Yes No
 Temperature (OBS/COB): 85.8 °C

Thermometer ID: SR-1

Rejection Codes: *131953*
131953
131953

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) By signing this form, the sampler acknowledges that the samples were collected as indicated, and that the information submitted is accurate.

Sample Identification/Location	Sample Type: Select Only One			Collection Information			Chlorine Residual (mg/L)	Lab Results
	Repeat (Distribution)	Raw Well	Special *	Construction *	Date	Time		
6106 GRIFFITH LP	X				10/22/21	7:37 AM	0.6	Laborte Insta-Test Total Chlorine Strips: Present Absent Present Absent
6201 GRIFFITH LP	X				10/22/21	7:53 AM	0.6	Laborte Insta-Test Total Chlorine Strips: Present Absent Present Absent
6303 GRIFFITH LP	X				10/22/21	8:05 AM	0.7	Laborte Insta-Test Total Chlorine Strips: Present Absent Present Absent
DOWNSTREAM LP								Laborte Insta-Test Total Chlorine Strips: Present Absent Present Absent

Operator License #: WD 0010338

Operator: Operator Owner

Other: _____

REJECTION CODES: Exceeded Hold Time, VC/EV = Volume; Insufficient/Excessive, CL/NC = Chlorine; Present/Residual not Recorded, ST = Still / Turbidity; BR = Broken in Transit, FZ = Frozen Sample, LT = Leaked in Transit, LA = Lab Accident, IN = Insufficient Sample Information

Special and Construction samples are NOT FOR Chlorine Check - Strip Check - Precision Labs

Instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coliform-turbidity This form has been revised, customized slightly from the TCEQ form to meet typical project specific / quality system requirements of Bio Chem Lab, Inc.

PROJECT NOTES: BOTL WATER EMAIL VERRBAL ADDRESS / PHONE:



BIO CHEM LAB, INC.
 4751 Tokio Road, West, TX 76691-0356
 P: 254.829.8001 F: 254.829.8013 C: 254.749.4320
 E: customerservice@biochemlabtx.com

TCEQ Form 10525
 08/2017

TCEQ Microbial Reporting Form

Water System Identification & Sample Collection Information (Please type or use block print)
 Public Water System ID: TX 0140006
 (Must be 7 digits include all)

Public Water System Name: CITY OF KILLEEN

County: BELL

SHADED AREA FOR LABORATORY USE ONLY

Relinquished By (Sampler): *Esteban Alfonso*
 Received By (Courier, if applicable):
 Relinquished By (Courier):
 Received By (Lab): *Esteban Alfonso*
 Lab Comments: *Verbal with keeper*
 Lab Approval: (INITIAL/DATE/TIME) *SH 10/22/21 11:55*
 Report to Client By: *Esteban Alfonso*
 Operator License #: *WD0010538*

Sample Iced? Yes No
 Temperature (OBS/COB) *8.5 / 8.1 °C*

THERMOMETER ID: *IR-1*

Received by (Date/Time): *10-22-21 11:21 am*

Relinquished by (Date/Time):

Incubation / Analysis Period
 INITIAL: *10-22-21 11:55* Analyst: *SH*
 FINAL: *10/23/21 12:00* Analyst: *KR*

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) By signing this form, the sampler acknowledges that the samples were collected as indicated, and that the information submitted is accurate.

Sample Identification/Location	Sample Type: Select Only One			Collection Information			Chlorine Residual (mg/L)	Lab Results
	Repeat	Raw Well	Construction * Special *	Date	Time	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)		
2001 CLEAR CREEK RD				10/22/21	9:00	131952 10.20.21	0.9	Lallotte Insta-Test Total Chlorine Strips: Present <input type="checkbox"/> Absent <input type="checkbox"/> Chlorine V: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/> SM 9223-IDEX Colliert: Present <input type="checkbox"/> Absent <input type="checkbox"/> E. coli: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Laboratory Sample ID Number: 132053
UPSTREAM	X			10/22/21	9:47	131952 10.20.21	0.7	Lallotte Insta-Test Total Chlorine Strips: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Chlorine V: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/> SM 9223-IDEX Colliert: Present <input type="checkbox"/> Absent <input type="checkbox"/> E. coli: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Laboratory Sample ID Number: 132054
2201 CLEAR CREEK RD	X			10/22/21	9:35	131952 10.20.21	0.7	Lallotte Insta-Test Total Chlorine Strips: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Chlorine V: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/> SM 9223-IDEX Colliert: Present <input type="checkbox"/> Absent <input type="checkbox"/> E. coli: Present <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Laboratory Sample ID Number: 132055
ORIGINAL								
2405 CLEAR CREEK RD	X							
DOWNSTREAM								

* Special and Construction samples are NOT FOR Chlorine Check - Strip Check - Precision Labs
 Raw Wells Use Source ID for Well Sampled Example: 61234567A

REJECTION CODES: Exceeded Hold Time, VO/EV = Volume: Insufficient/Excessive, CL/NC = Chlorine: Present/Residual not Recorded, ST = Silt / Turbidity, BR = Broken in Transit, FZ = Frozen Sample, LT = Leaked in Transit, LA = Lab Accident, IR = Insufficient Sample Information

Sample Unsuitable For Analysis

Instructions: www.tceq.texas.gov/drinkingwater/microbial/revise-total-coli-form-tul. This form has been revised. customized slightly from the TCEQ form to meet typical project specific / quality system requirements of Bio Chem Lab, Inc.

PROJECT NOTES: BOIL WATER EMAIL VERBAL CONTACT NOTES: EMAIL ADDRESS / PHONE:



BIO CHEM LAB, INC.
 4751 Tokio Road, West, TX 76691-0356
 P: 254.829.8000 F: 254.829.8013 C: 254.719.4320
 E: customer.service@biochemlabtx.com

TCEQ Form 10525
 08/2017
 Water System Identification & Sample Collection Information (Please type or use block print)
 Public Water System ID: TX 01400006
 Public Water System Name: CITY OF KIWEED
 County: Beu
 Name: TRAVIS BAUMARD
 Address: 1901 BOTANICAL DR.
 City: KIWEED
 State: TEXAS Zip Code: 76542
 Phone #: 254.501.6365 Other Contact: 254-317-5296
 Sampler Name (Print): ESTEBAN ALFONSO Operator License #: WD 2010538
 Sampler Signature: *Esteban Alfonso* Operator: Operator: Other:

Requisitioned By (Company): *Esteban Alfonso* Date / Time: 10-23-21 13:03 PM
 Received By (Company, if applicable): Date / Time:
 Requisitioned By (Operator): Date / Time:
 THERMOMETER ID: 77 73°C
 THERMOMETER ID: *KH11* Requisitioned By (Company): *Esteban Alfonso* Date / Time: 10/23/21 1303
 Lab Approval: (INITIAL/DATE/TIME) *MSG-Rose AS* Date / Time: 10/24/21 1540
 Project to Client By: *Esteban Alfonso* Date / Time: 10/25/21
 Project to Client By: *Esteban Alfonso* Date / Time: 10/25/21 1530

Sample ID	Sample Description	Collection Date	Collection Time	Sample Type	Special	Report	Rejection Code	Chlorine Residual	Lab Results		Laboratory Sample ID Number
									Test Total	Coliforms	
6106	GRIFITH LP (UPSTREAM)	10/23/21	12:30	W		X		1.0	0	0	132064
6201	GRIFITH LP (ORIGINAL)	10/23/21	12:50	W		X		0.9	0	0	132065
6303	GRIFITH LP (DOWNSTREAM)	10/23/21	1:05	W		X		1.0	0	0	132066

Relatification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 9, Chapter 37.10) by doing this form, the sampler acknowledges that the samples were collected as indicated, and that the information submitted is accurate.
 REJECTION CODES: Exceeded Total Turb. (WWT) = Violation - Insufficient Processors, CL/AC = Chlorine Present/Residual not Reported, ST = S115 / 30
 BB = Broken in Transit, FT = Filtered Sample, LT = Leaked in Transit, LA = Lab Analysis, W = Invalid/Original Sample Information
 CONTACT NOTES: EMAIL ADDRESS / PHONE:
 PROJECT NOTES: BOIL WATER, DUAL, VERBAL, _____

BOIL WATER NOTICE

TCEQ Microbial Reporting Form		FORM 0001, REVISED 06/2017	
Near System Identification & Sample Collection Information (Please type or use block print)			
Public Water System ID: (Must be 7 digits; include all)	TX	01400006	
Public Water System Name:	CITY OF KILLEB		
County:	BELL		
Name:	TRAVIS BAUMARD		
Address:	1901 BOTANICAL DR		
City:	KILLEB		
State (FIPS):	TX		
Phone #:	254-501-6365		
Operator Name (Print):	ESTEBAN ALFONSO		
Operator Address:	Quate auboo		

Sample Identification/Location		Sample Type: Select only one		Collection Information		Rejection Information		Chlorine Residual		Lab Results	
Use Specific Address / Location Identified in Sample Storing Plan	Sample Storing Plan	Sample ID	Sample Type	Date	Time	Flow	Time	Residual	Residual	Test	Result
8-3305 WHEEL CT		X	102621	11:11	AM			2.17			132179
34-4408 SWANSON LP		X	102621	1:45	PM			2.06			132180
55-3301 E. RAVEN		X	102621	2:00	PM			3.42			132181
47-DURAND AVE		X	102621	2:20	PM			1.55			132182
46-1319 N 5th ST.		X	102621	3:30	PM			1.46			132183
44-711 N 5th ST.		X	102621	3:42	PM			1.10			132184
43-711 N GARDY ST		X	102621	3:55	PM			0.47			132185
45-4FB N 10th ST.		X	102621	4:15	PM			1.57			132186
35-200 E. Ave D		X	102621	4:27	PM			1.72			132187
27-45th St (Tomber Ave)		X	102621	4:52	PM			1.06			132188

Sample Identification/Location		Sample Type: Select only one		Collection Information		Rejection Information		Chlorine Residual		Lab Results	
Use Specific Address / Location Identified in Sample Storing Plan	Sample Storing Plan	Sample ID	Sample Type	Date	Time	Flow	Time	Residual	Residual	Test	Result
RC/10-28-21 0700											
RC/ email 0715											

Notification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 6, Chapter 37.10) by signing this form, the sampler acknowledges that the samples were collected as indicated, and that the information submitted is accurate.

Approved by (Signature): *[Signature]* Date / Time: 10-26-21 6:40 PM
 Analyzed by (Signature): *[Signature]* Date / Time: 10/26/21 6:40 PM
 Approved by (Signature): *[Signature]* Date / Time: 10/26/21 8:40 PM
 Analyzed by (Signature): *[Signature]* Date / Time: 10-26-21 2040

TERMINATED BY: JPI Date / Time: 10-26-21 2040

LAB COMMENTS: RC/ email 0715

LAB RESULTS: SW 9225-183X Coliforms

Chlorine Residual: Present / Absent / Present / Absent

Lab Results: Present / Absent / Present / Absent

LABORATORY SAMPLE ID NUMBER: 132179, 132180, 132181, 132182, 132183, 132184, 132185, 132186, 132187, 132188

Special and Observation number are NOT FOR PUBLIC USE. (Check - Strip Check - Precipitation Code)

PROJECT NOTES: BOIL WATER VERBAL CONTACT NOTES: EMAIL ADDRESS / PHONE:



BIO CHEM LAB, INC.
 4751 Toklo Road, Rest. TX 76091-0336
 P: 254.829.8001 F: 254.829.8013 C: 254.748.4320
 E: customer-service@biochemlab.com

TCEQ Microbial Reporting Form
 1000 Form 16025
 04/2017

Water System Identification & Sample Collection Information (Please type or use block print)
 Public Water System ID: TX 0140006
 Public Water System Name: CITY OF KILLEEN
 County: BELT
 Name: TRAVIS BAUMARD
 Address: 1901 BOTANICAL DR.
 City: KILLEEN
 State: Texas Zip Code: 76542
 Phone #: 254-501-6365 Other Contact: 254-317-5296
 Sampler Name (Print): ESTEBAN ALFONSO
 Sampler Signature: *Esteban Alfonso*
 Report Results To: Home Office

Public Water System ID: TX 0140006
 Public Water System Name: CITY OF KILLEEN
 County: BELT
 Name: TRAVIS BAUMARD
 Address: 1901 BOTANICAL DR.
 City: KILLEEN
 State: Texas Zip Code: 76542
 Phone #: 254-501-6365 Other Contact: 254-317-5296
 Sampler Name (Print): ESTEBAN ALFONSO
 Sampler Signature: *Esteban Alfonso*
 Report Results To: Home Office

Sample Identification/Location (Use Specific Address / Location Identified in Sample String Plan See Wells Use Form 16 for Well Sampled Example: 0221002)	Sample Type: Select this box			Collection Information			Chlorine Residual (mg/L) T = Total, F = Free, S = Sulfur Dioxide	Repetitive Date (If applicable) Please Indicate Phase Number	Lab Results	
	Surface	Ground	Other	Date	Time	Flow			Volume	Pressure
4803 E. STAN SWUWATER (UPSTREAM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/27/21	6:07	0.0	3.4		<input checked="" type="checkbox"/>	132256
1100 E. STAN SWUWATER (ORIGINAL)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/27/21	6:15	0.0	2.0		<input checked="" type="checkbox"/>	132257
1306 E. STAN SWUWATER (DOWNSTREAM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/27/21	6:27	0.0	2.1		<input checked="" type="checkbox"/>	132258

Publication of this form or conveying this water sample in a container is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37.10) by signing this form, the sampler acknowledges that this sample was collected as indicated, and that the information submitted is accurate.

Special and Correction samples are NOT FOR
 Chlorine Residual - Stray Sheet - Freezing Date
 SOIL WATER - EMAIL - VERBAL - CONTACT NOTES: EMAIL ADDRESS / PHONE: