## **Boil Water Rescind Notice**

On May 13, 2025, the Texas Commission on Environmental Quality (TCEQ) required our public water system City of Redwater/PWS# 0190008 to issue a Boil Water Notice (BWN) to inform our customers that due to an interruption in service, water from our system must be boiled prior to consumption.

Our system has taken the necessary corrective actions to restore adequate pressure, disinfectant levels, and/or bacteriological quality and has provided TCEQ with testing results that indicate that the water no longer requires boiling as of May 14, 2025.

If you have questions concerning the matter, please contact Eli Hunt at 903-831-009.

If a customer wishes to reach out to TCEQ, they may call 512-239-4691

## TCEQ Microbial Reporting Form (TCEQ-10525) **TEXARKANA WATER UTILITIES LAB** Form instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule 2700 New Boston Road Water System Identification & Sample Collection Information (Please print or type the information) Texarkana, Texas 75501 Public Water System ID: (TX 903-798-3855 PWS ID must be 7 digits; include 0190000 Laboratory ID: T104704344 **Laboratory Analysis** y of Budwater Public Water System Name: Temperature (°C) Bob **Lab Comments** Corrected No Report Results To: Address: Texas Ave. **Incubation Date and Time** Lab Rejected Code (LR) - Document Reason: Start Date and Time: Zip Code: City: New Boston 75570 End Date and Time: Analyst: PWS Email: Phone #: 903-701-0180 nhon@rwrd.ora 5-14-25 Result Reporting and Approval Laboratory Approval 5-14-25 \* SAMPLES MARKED AS SPECIAL OR CONSTRUCTION CANNOT BE USED AS ROUTINE OR REPEAT SAMPLES Title: Sample Identification/Location Sample Type (√ one) Chlorine Residual **Original Sample** Reported to PWS By: t Site Code Replacement Info: Sample ID **Laboratory Analysis Results** and Date of Use sample site location/address identified in the system's RTCR Time Collection Test Method: 9223-B Date Free Total Sample Siting Plan (Repeat, TSM Rejection Code (i Analysis Results meet all accreditation requirements unless stated otherwise Military Time (MM/DD/YY) mg/L mg/L pplicable) - Plea Raw Well, Chlorine Check Total Coliform F coli (HHMM) Raw Wells: Use Well Source ID (Ex: G1234567A) Replacement) **Laboratory Sample ID Number** Absent Present Absent 1.30 3/15/2 V 1005 1.50 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 Sampler Phone #: 903-701-0180 Nicholas Hon (Print): Operator License # WD0017580 Sampler Email: nnon orwrd. ora (if applicable): Relinquished By 5113125 Received By Date and Time: **Date and Time:** Sampler: Courier (if applicable): Relinquished By **Date and Time:** Received By Lab: **Date and Time:** Courier: Controlled Document No. 51 Original Document Issued By: Carrie Weathersby Revised By: Chris Cagle Revision No. 9 Effective Date: 11/7/2023 TCEQ-10525 (Rev. 11/2023) Lab Modified (Rev. 11/2023) TCEQ Water Supply Division - (512)-239-4691 Page 1 of 1