

**Boil Water Notice Rescinded**  
**1/19/2023**

On 1/13/2023, the Texas Commission on Environmental Quality required the City of Runaway Bay public water system, TX2490017, to issue a Boil Water Notice to inform customers, individuals, or employees that due to conditions which occurred recently in the public water system, the water from this public water system was required to be boiled prior to use for drinking water or human consumption purposes.

The public water system has taken the necessary corrective actions to restore the quality of the water distributed by this public water system used for drinking water or human consumption purposes and has provided TCEQ with laboratory test results that indicate that the water no longer requires boiling prior to use as of 1/19/2023.

If you have questions concerning this matter, you may contact City Hall at (940) 575-4745.

Issued: 1/19/2023



## Texas Commission on Environmental Quality

CERTIFICATE OF DELIVERY OF PUBLIC NOTICE TO CUSTOMERS: Rescind Boil Water Notice

Public Water System (PWS) name: City of Runaway Bay  
 PWS ID: TX2490017 Date Boil Water Notice Issued: 1/13/2023

30 TAC 290.46(q) requires a PWS to notify customers that a boil water notice has been rescinded. A public water system shall not rescind a boil water notice until the public water system has met all the applicable requirements as described in 30 TAC 290.46 (q)(6).

Indicate "☒" for all requirements met and **provide documentation** with submittal:

- Sufficient water pressures (>20 psi) are consistently maintained per 30 TAC 290.47 (e).
- Affected area(s) have been thoroughly flushed and adequate chlorine residual (free >0.2mg/L, chloramine >0.5mg/L) is maintained throughout the system.
- Surface Water Treatment Rule Only - Finished water entering the system has turbidity levels consistently below 1.0 NTU
- Specific actions required by the Executive Director have been met (describe actions):

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- Microbiological samples, marked "Special", from representative sites in system, are analyzed by an approved lab and all results are negative for coliform organisms.

Please indicate how the PWS provided this rescind notification to customers.

**COMMUNITY WATER SYSTEM (perform one or more of the following):**

- Furnish a copy of the Notice to radio and television stations serving the PWS service area
- Publish Notice in a local newspaper serving the PWS service area
- Direct delivery of Notice to customers
- Continuously post Notice in conspicuous places within affected PWS service area
- Electronic delivery or alert systems (e.g., reverse 911)

**NONCOMMUNITY WATER SYSTEM (perform one or more of the following):**

- Direct delivery of Notice to customers
- Continuously post Notice in conspicuous places within affected PWS service area
- Electronic delivery or alert systems (e.g., reverse 911)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

NOTE: 30 TAC 290.46(q)(6)(F) requires the PWS to provide documentation to the Executive Director within 10 days.

Date of Delivery to Customers: 1/19/2023 Phone: 940-577-7467  
 Certified by: (print name): Alexander Centes Title: Director of Public Works

Signature: [Signature] Date: 1/19/2023

**E-mail (PWSBWN@TCEQ.TEXAS.GOV) or mail a copy of this completed form, AND copies of the Rescind Notice given to your customers to: TCEQ – Water Supply Division MC – 155, Attn: Public Notice. P. O. Box 13087 Austin, TX 78711-3087**



Public Health

**Tarrant County Public Health**  
**North Texas Regional Laboratory**  
 1101 S. Main St.  
 Fort Worth, TX 76104  
 Phone: 817-321-4750 Fax: 817-321-4790  
 TCEQ Cert. #: T104704339-22-15



<b>Workorder:</b> 114162 (01-17-23)	<b>Profile:</b> TX2490017
<b>Chain:</b> 193074	<b>Profile Description:</b> City of Runaway Bay
<b>Date Received:</b> 01-17-2023 11:01	<b>Client:</b> City of Runaway Bay
<b>Matrix:</b> Drinking Water	<b>Report To:</b> Alexander Gates
<b>Method:</b> SM9223 IDEXX Laboratories Collert-18 Test	City of Runaway Bay
<b>Analyte:</b> Total Coliform and E.coli (P/A)	101 Runaway Bay Drive
<b>Sampled By:</b> Alexnader Gates	Bridgeport, TX 76426
	agates@runawaybaytexas.com

**Analytical Results**

*Note: All test results relate only to the samples as received. Chain of Custody is appended as last page of this report.*

<b>Lab ID:</b> 183325	<b>Sample Location:</b> 825 Portocall	<b>Sample Type:</b> CN
<b>Date Collected:</b> 01/17/2023 09:25	<b>Chlorine at Collection:</b> 2.5 Total	<b>Replacement:</b> NO

Parameter	Results	Analysis Started	By	Analysis Completed	By	Rejection Code
Lab Chlorine Check	Absent	01/17/2023 13:21	SSUB	01/18/2023 09:03	LPAG	
Total Coliform	Absent	01/17/2023 13:21	SSUB	01/18/2023 09:03	LPAG	
E.coli	Absent	01/17/2023 13:21	SSUB	01/18/2023 09:03	LPAG	

<b>Lab ID:</b> 183326	<b>Sample Location:</b> 400 Halfmoon ay	<b>Sample Type:</b> CN
<b>Date Collected:</b> 01/17/2023 09:40	<b>Chlorine at Collection:</b> 2.5 Total	<b>Replacement:</b> NO

Parameter	Results	Analysis Started	By	Analysis Completed	By	Rejection Code
Lab Chlorine Check	Absent	01/17/2023 13:21	SSUB	01/18/2023 09:03	LPAG	
Total Coliform	Absent	01/17/2023 13:21	SSUB	01/18/2023 09:03	LPAG	
E.coli	Absent	01/17/2023 13:21	SSUB	01/18/2023 09:03	LPAG	

Technical Manager Approval

Report Approval Date & Time: 01-18-2023 09:01

Lindsey Pagano

TCPH NTRL is a TCEQ NELAP-Recognized Accredited Laboratory;  
 Test results meet all accreditation/certification requirements unless stated otherwise.  
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Date of Issue: 04/29/2019 Version 1.0  
 Report Generated Date: Wednesday, January 18, 2023 9:51:41 AM  
 Report ID: 114162

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FOUNDED BY

HORIZON

V.12.10

DRINKING WATER COLIFORM TEST REQUEST				Coliform PIA Form: Date of Issue 12/15/2019		For Laboratory Use Only: 193074 NO 114162 City of Runaway Bay									
<p>Tarrant County Public Health North Texas Regional Laboratory 1101 South Main Street, Suite 1700 Fort Worth, TX 76104 Phone: (817) 321-4778 / Fax: (817) 850-6503 TCEQ Lab ID: T104704333</p>		<p>TCEQ HELAP Recognized Accreditation</p>		<p>193074</p>											
Please complete all applicable information requested below. Use indelible ink only to... <b>Do not use gel pens.</b>															
For Public Water System Use Only:	PWS ID:	TX	2	4	9	0	0	1	7	Report Delivery Preference: All reports will be emailed or faxed unless a mailed copy is requested. Submitter Email Address or Fax Number / Please print legibly:					
	PWS Name:	City of Runaway Bay						agates@runawaybaytexas.com							
	County:	Wise						For Lab Use Only: <input type="checkbox"/> Mailed Report Method Requested: <input type="checkbox"/>							
Submitter Information:	Name:	Alexander Gates													
	Address:	101 Runaway Bay Drive													
	City:	Runaway Bay	State:	TX	Zip Code:	76426									
	Phone #:	(940) 577-7467			Operator License #, if required:	WS0014891									
Sampler Name (Print):	Alexander Gates						Sampler Association with PWS?								
Sampler Signature:							<input checked="" type="checkbox"/>	Operator	<input type="checkbox"/>	Owner					
Please indicate with an "X" the Appropriate System Type:								<input checked="" type="checkbox"/>	Public	<input type="checkbox"/>	Individual/Private	<input type="checkbox"/>	Bottled/Vended		
Sample Transport Chain of Custody; Signatures Required (No Initials):															
Retrieved By (Sampler):					Date / Time:	1/17/2023 9:46am									
Received By (Courier, if applicable):					Date / Time:	1/17/2023 9:46am									
Retrieved By (Courier, if applicable):					Date / Time:	1/17/2023 11:34am									
Received By (Lab):					Date / Time:	JAN 17 2023 11:35AM									
Sample on ice at receipt?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Temp at Receipt °C:	11.0		Corrected Temperature °C:	12.9								
Sample Identification		Collected			PWS Only, Check (X) and Complete All Appropriate Sample Information						Chlorine Residual		For Laboratory Use Only!		
Use a specific address/location/description		Date	Time		Please indicate with an "X" AM or PM						Please indicate with an "X" if Free (F) or Total (T)		Laboratory Sample ID Number		
825 Pito Call		1/17/23	9:25	<input checked="" type="checkbox"/>	AM	<input checked="" type="checkbox"/>						2.5	<input checked="" type="checkbox"/>	T	183325
400 Halfmoon Way		1/17/23	9:50	<input checked="" type="checkbox"/>	AM	<input checked="" type="checkbox"/>						2.5	<input checked="" type="checkbox"/>	T	183326
					AM									F	
					PM									F	
					AM									F	
					PM									F	
					AM									F	
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