

DRINKING WATER (P/A) COLIFORM SUBMISSION FORM

Public/Private Water System Identification & Sample Collection Information (Please PRINT legibly in black ink)

TCEQ Public Water System ID
(Must be 7 digits; include all zeros)

Public Water System Name

County COH Acct #, check or MO #, cc approval code

Send Results To
Name
Address
City
State Zip Code

Phone # Fax # or Email

Sampler Name

Sampler Contact #



Houston Health Department
Water & Dairy Laboratory
2250 Holcombe Blvd, Houston, TX 77030
P (832)393-3939 F (832)393-3989
www.houstontx.gov/health/water.html
WaterLab.info@houstontx.gov
TCEQ Lab ID: 48012 / USEPA Lab ID: TX00006

Test results meet all requirements of TNI unless stated otherwise.



Laboratory Use Only - Do not mark to the right of the bold black line

Date/Time Received

Received by Sample Iced? YES NO Temp °C Corr. Temp °C

Client Notification of Positive or Unsuitable Sample - Lab Use Only

Client or Sampler notified Notified by

Date/Time notified

Notes:

System Type (Circle one)			Water Source (Circle one)			CHLORINE RESIDUAL MANDATORY on ALL TCEQ Compliance samples including Routine, Raw & Repeat		LABORATORY USE ONLY		
PUBLIC	PRIVATE	BOTTLED/ VENDED	GROUNDWATER (WELL)	SURFACE (LAKE, RIVER)	GROUND W/ SURFACE INFLUENCE		Free Chlorine mg/L	Total Chlorine mg/L	Unsuitable sample	Laboratory Sample ID Number

Sample Identification <i>Use Specific Address/Location/Description</i> DO NOT USE SITE # <small>Raw Wells Use Source ID for Well Sampled; Ex. G1234567A</small>	Collected		Sample Type : (X) Mark ONLY ONE box					Free Chlorine mg/L	Total Chlorine mg/L	Rejection Code	Laboratory Sample ID Number
	Date M/D/Y	Write time sampled. Circle am/pm	DIST/RT	CONST	RAW WELL	SPECIAL	REPEAT <small>Include Sample # for Previous Positive</small>				
		am									
		pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		am									
		pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		am									
		pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		am									
		pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		am									
		pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Coliform P/A Form Unsuitable Sample Rejection Code Definitions
 EH = Exceeds holding time. Not received within 28 hours of collection
 LT = Leaked in transit
 CL = Chlorine present in sample
 LR = Lab Rejected
 VO = Volume insufficient for analysis
 IN = Form Incomplete
 BR = Broken
 FZ = Frozen
 LA = Lab Accident
 NC = No Chlorine Residual recorded
 Page 1 of 1