

Our North Lab location on Rankin Road has closed. For more information please see page 5 of this document. Thank you. -- HDHHS

CITY OF HOUSTON
Department of Health & Human Services
Bureau of Laboratory Services
HDHHS Laboratory
1115 South Braeswood
Houston, Texas 77030
713.558.3474
www.houstonhealth.org

New water sample drop off point - Northside Health Center - please see page 5 of this document.

COLLECTION OF DRINKING WATER SAMPLES AND TREATMENT OF WELLS

Water Samples

The Lab accepts and tests samples of well water intended for human consumption. These samples must be submitted in sterile treated bottles supplied by the City of Houston Health Department, Harris County Health Department, the Texas Department of Health, Texas Commission on Environmental Quality (TCEQ), or your local health authority.

Water samples are accepted from 8:00 am to 4:00 pm Monday through Friday.

Water samples are not accepted on Saturdays, Sundays, or holidays. Samples received on these days, and samples more than **30 hours** old when received will not be tested. We do not recommend that samples be mailed to the lab. Samples that are submitted by mail may not arrive within the **30 hour** time limit or during the Monday - Friday work week. Mailed samples are also likely to break or leak in transit.

Water is tested for the presence of coliform bacteria only. The fee for water testing is **\$16.50 per bottle**. Payment by **check, money order, Visa, Mastercard, or Discover only** must accompany the sample. No cash will be accepted.

Collecting the Water Sample

Select a cold water faucet. Remove any screen or other attachment to the faucet, and let the water run for 3 to 5 minutes. Remove the cap from the sample bottle without touching the inside of the cap or the bottle. Fill the bottle above the 100 ml mark within 1/4 inch of the top. Samples with less than 100 mls of water will not be tested. Do not rinse out or overflow the bottle; it contains a chemical used to neutralize chlorine. Replace the cap carefully and tighten. If the sample has excessive chlorine, it is not suitable for analysis. Another sample and an additional \$16.50 will have to be submitted.

Deliver the sample and form to the laboratory the same day it is collected or refrigerate and deliver it the next day, within **30 hours** of the time of collection.

Fill out the laboratory form, giving complete return address, phone number, county,

date, time of collection, and other information requested; print this information using **black** waterproof ink. A separate form must be filled out for **each** sample bottle.

Public systems required to submit water sample(s) monthly must indicate their TCEQ issued water system identification number and sample type (distribution, raw, etc.) in the proper places in the form. This is the only way in which the system will be credited with the sample by the TCEQ.

Laboratory Reports

We cannot telephone all test results to you; however we will attempt to contact you if your sample is unsatisfactory or was found to have coliform organisms. You may call the Laboratory for your results @ 713.558.3474.

Reports are mailed to the address you write on the form. You should receive your report within 5 to 7 days. If your report does not arrive within 2 weeks, please contact the Laboratory by telephone @ 713.558.3474.

To locate a report we must have:

- (1) The sample number that was given to you when the sample was submitted.
- or
- (2) The date the sample was submitted AND
- (3) The name of the return addressee exactly the way it was written on the form.

Interpretation of Results

If coliform organisms are **not found**, the water is bacteriologically safe to use at the time of sampling. If "total" coliforms organisms are **found**, the sample contains bacteria commonly found in runoff or surface water. If E.coli organisms are found, the sample contains bacteria commonly found in sewage, which could include other disease producing bacteria. Any water well found to have coliform organisms should be disinfected according to the directions below or treated by a well service company. Water in which either total coliforms or E. coli is found should not be used for drinking, bathing, brushing teeth, cleaning wounds, or washing food which is to be eaten raw. It is advisable to use bottled water until the water supply is reported to be safe to use. However, contaminated water may be boiled for a minimum of 5 minutes before use.

For questions concerning "Repeat" sampling for public systems receiving a coliform positive report, please contact the TCEQ @ 512.239.4691

Well Disinfection

Well disinfection is necessary in the following circumstances:

1. When coliform "found" (total or E. coli) results are obtained from a water well sample.
2. When any work is done to the plumbing or well system.
3. When a well or the surrounding area has been flooded.

Note: Check to make sure the well is pumping clear water before chlorinating. If the water is turbid, run it until it is clear before chlorinating.

1. Locate the wellhead and remove the access plug or bolt so that the area within the well casing is exposed.
2. Using a funnel, pour in an appropriate amount of liquid chlorine bleach (Clorox, Purex, etc.)

½ to 1 gallon of bleach per 100 ft. of well depth is the recommended approximate dosage. Greater amounts are recommended for excessively cloudy water or for hand-dug wells.
3. Using the nearest faucet to the well and a garden hose, allow water to run through the funnel into the well for two or three hours. This will circulate the chlorinated well water and improve the germ-killing action by allowing all fittings and equipment in the well to be exposed to the chlorine solution.
4. After the well water has circulated for a while, the garden hose and funnel may be removed and the access plug replaced. The disinfection process should be extended throughout the entire plumbing system.
5. To disinfect the remainder of the plumbing system, turn on the next available faucet and allow it to run until the bleach odor can be detected, then turn it off. Repeat this step throughout the plumbing system at each faucet, including 1 hot water faucet. Flush each toilet. Then, allow the chlorinated water to remain in the plumbing system over night, or for 24 hours if possible. During this time, the water should not be used for drinking, bathing, or cooking.
6. After disinfecting the well and plumbing system, flush all faucets until the bleach odor can no longer be detected and the water is clear of any debris or color. Flush outside faucets first - you do not want to flood the septic system.
7. Submit another bacteriological sample to determine if the disinfection process was successful.

Keep in mind that a single disinfection may not be sufficient. Certain well systems, particularly shallow wells, hand-dug wells, wells in fissured areas and old wells, are more vulnerable to contamination. Water from these types of systems should be checked by periodically submitting samples for bacteriological analysis. Continuous disinfection equipment should be considered for any water well with repeated samples positive for coliform organisms.

For further information, call the TCEQ @ 512.239.4691 or Harris County Public Health and Environmental Services @ 713.274.6300. For inquiries about water supplied by the City of Houston, call Public Works & Engineering, Water Quality @ 713.842.4000.

Rev 07/08

Dear Valued Customer,

The City of Houston Health and Human Services Department is consolidating water testing services in an effort to become more efficient and effective. We are closing the Rankin Road Laboratory effective December 1, 2010.

Water samples will not be accepted **after November 30, 2010,** at the Rankin Road location. The Rankin Road Laboratory services will be moved to our Central Laboratory located at 1115 S. Braeswood in the Texas Medical Center. We have made arrangements with the Northside Health Center at 8504 Schuller Rd., Houston, TX 77093 as the drop-off point on the north side of Houston for your convenience. This location will begin to accept water samples for transport to the Central Laboratory as of **December 1, 2010.**

Customers shall enter their sample information, including method of payment or City of Houston billing account information, on the Sample Log at Northside Health Center. All other procedures for accepting samples and billing shall remain the same. Payments can be made by check, credit card or money order. No cash shall be accepted. Laboratory forms and sample bottles will be available at the both the Central Laboratory and the Northside Health Center drop off location.

You may also bring your samples directly to the Braeswood location at 1115 S. Braeswood in the Texas Medical Center. Below is the contact information for the Braeswood Laboratory and the Northside Health Center; both locations will accept water samples as of December 1, 2010:

Braeswood Laboratory

1115 S. Braeswood
Houston, TX 77030
713-558-3471/3474
8am-4pm Monday through Friday

Northside Health Center

8504 Schuller Road
Houston, TX 77093
713-696-5900

The Northside Health Center will accept samples from 9am-2pm Monday through Thursday, except for the second Wednesday of every month. On the second Wednesday of every month, the Northside Health Center will close at 11:30 A.M.

If you need more information about our move, please feel free to contact the laboratory staff @ 281.233.2563. We apologize in advance for any inconvenience this reorganization will cause you.

Sincerely,

S. Vern Juchau, Ph.D., MPH
Laboratory Director
Houston Dept. of Health & Human Services
Houston, TX
Phone - 713-558-3402

Drop off hours: 8am-4pm M-F.
Pay by check, money order, CC
or COH Account.

* Sample MUST be received
within 30 hours of collection

Drinking Water Submission Form
Houston Department of Health and Human Services
Bureau of Laboratory Services
www.houstontx.gov

Date & Time received

Water Laboratory 1115 S. Braeswood
Houston, TX 77030 Phone: 713-558-3474
NELAP Certificate # T104704253

USE BLUE OR BLACK INK ONLY NO PENCIL

Public Systems Only: 7-digit PWS ID #
Assigned by TCEQ

Payment Method:
COH Account No:
____/____/____/____/____/____
Check or Money Order
#

Name of Public Water System: _____

**Return
Address**

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

The results contained in this report
apply **only** to the 1 (one) sample
described below. Please retain this
report for your records.

DATE/TIME
ANALYSIS STARTED

SAMPLE SITE / COLLECTION DATE & TIME (REQUIRED)

Date Collected ____/____/____ Time Collected ____ AM / PM
Month Day Year

Sample Site (address or other description, not sample site #) _____

Sampler Name _____ Phone _____ County _____

<p>SYSTEM TYPE <u>CHECK ONLY 1 BOX</u></p> <p><input type="checkbox"/> Public</p> <p><input type="checkbox"/> Private/ Individual</p> <p><input type="checkbox"/> Other: _____</p>	<p>SAMPLE TYPE PUBLIC WATER SYSTEMS ONLY <u>CHECK ONLY 1 BOX</u></p> <p><input type="checkbox"/> Routine / Distribution <input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Raw: well # _____ <input type="checkbox"/> Special</p> <p><input type="checkbox"/> Repeat for sample # _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>REPEAT SAMPLES are required when Coliform organisms are FOUND in Routine / Distribution samples</p> </div>	<p><u>Water Source:</u></p> <p><input type="checkbox"/> Groundwater (well) Depth of well _____ ft</p> <p><input type="checkbox"/> Surface Water (Lake, River)</p> <hr/> <p>DISINFECTANT RESIDUAL: _____ mg / L</p> <p><input type="checkbox"/> Free chlorine OR <input type="checkbox"/> Total chlorine</p> <p>Routine/Distribution samples will NOT be analyzed with out a Disinfectant Residual recorded</p>
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LABORATORY RESULTS

Test Method Used: SM9223B

Chlorine content of the sample was not determined before analysis

COLIFORM BACTERIA ORGANISMS:

Total Coliform

FOUND NOT FOUND

E. coli

FOUND NOT FOUND

ANALYZED BY: _____ READ BY: _____

UNSUITABLE FOR ANALYSIS (see below)

- Sample too old. Not received within **30 hours** of collection
- Sample leaked / bottle cracked in transit
- Quantity insufficient for analysis (100mL required)
- Form Incomplete / (w/Errors circled)
- Inconclusive result
- Sample has excessive color / turbidity
- Excessive Chlorine residual
- Other reason: DESCRIBE _____

Water of satisfactory bacteriological quality must be free of coliform organisms

NOTE: Data reported meets or exceeds all NELAC required QC criteria unless noted above.

Reported by: _____ Signature: _____ Date: _____

Laboratory Supervisor/Microbiologist / Other

Submit to TCEQ / Public Drinking Water MC – 155, PO Box 13087, Austin, TX 78711512-239-4691

Fax Positive to 512.239.3666