

NELAC Recognized Accreditation Certificate # T104704253-08-TX

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Date Received

The results contained in this report apply only to the 1 (one) sample described below

USE BLACK OR BLUE INK ONLY!!!!

WATER SAMPLE IDENTIFICATION

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

Public Water System Name County

Name

Check or Money Order #



Street Address

City of Houston Six-digit Billing Account #

City, State, Zip

PHONE: EMAIL:

SAMPLE SITE / COLLECTION DATE & TIME

Date Collected / / Time Collected: AM / PM

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

Collected By (Name & Phone)

Owner/PWS Operator Private/Other

Free Chlorine Total Chlorine (Chloramine)

DISINFECTANT RESIDUAL (Mandatory) mg / L (Compliance Samples will not be accepted if no residual is recorded)

Table with 3 columns: Sample Type, Public Systems Only, Water Source. Includes checkboxes for Public/Private/Other, Routine/Construction/Repeat/Other, and Groundwater/Surface Water/Both.

Note: Data reported meets or exceeds all NELAC required QC criteria unless noted below

Chlorine content of the sample was not determined before analysis

LABORATORY REPORT

Test Method Used - Chromogenic / Fluorogenic Colilert® - 18

COLIFORM ORGANISMS:

Total Coliform

FOUND NOT FOUND

E. coli

FOUND NOT FOUND

ANALYST INITIALS: /

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 / Date discrepancy (CIRCLE errors)
Inconclusive result
Sample has excessive color / turbidity
Excessive Chlorine residual
Other reason: DESCRIBE:

Note: Water of satisfactory bacteriological quality must be free of coliform organisms

Name Signature Date Reported Laboratory Supervisor/Microbiologist III (circle one)