

Water drop off hours: 8am-4pm M-F Check or money order only if you do not have a billing account number

* Sample MUST be received with in 30 hours of collection *

Drinking Water Submission Form
Houston Department of Health and Human Services
Bureau of Laboratory Services

www.houstonhealth.org

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

NELAP Certification # T104704253-08-TX

BLUE OR BLACK INK ONLY NO PENCIL

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

WATER SAMPLE IDENTIFICATION

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

Name of Public Water System:

City of Houston Six-Digit Billing Account Number :

Mailing Address

Name:

Street Address:

City: State: Zip:

Phone: () Email:

- OWNER / PWS OPERATOR PRIVATE INDIVIDUAL OTHER

SAMPLE SITE / COLLECTION DATE & TIME (Mandatory Information)

DATE REPORTED:

Date Collected: / / Time Collected: AM / PM (Circle one)

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

Sampler Name: Phone: County:

DISINFECTANT RESIDUAL: mg / L (Compliance Samples should not be collected if no residual is present) Free Chlorine (or) Total

Sample Type: Check Only One Box

- Public Private/ Individual Other: (Vending / bottled water / etc.)

Public Systems Only: Check Only One Box

- Routine / Distribution Raw: well # Construction Special: Other Repeat for sample #

REPEAT SAMPLES are required when Coliform organisms are FOUND in Routine / Distribution samples

Water Source:

- Groundwater (well) Depth of well: ft Surface Water (Lake, River)

LABORATORY REPORT

Test Method Used: Chromogenic / Fluorogenic Colilert® - 18

Chlorine content of the sample was not determined before analysis

COLIFORM BACTERIA ORGANISMS:

Total Coliform

FOUND NOT FOUND

E. coli

FOUND NOT FOUND

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:

ANALYST INITIALS:

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

Submit to TCEQ / Public Drinking Water MC - 155, PO Box 13087, Austin, TX 78711 512-239-4691 Fax Positive to 512.239.3666

Name: Signature: Date:

Laboratory Supervisor / Microbiologist II (circle one)