

**City of Houston Health Department
North Environmental Laboratory**

Houston, TX
Phone 281.233.2563
Lab ID 48030

SAMPLE IDENTIFICATION

Date Received _____

Report Date _____

MO/DAY/YR

PUBLIC WATER SYSTEM ID _____

Sample Number _____
i seven digits (required)

PUBLIC WATER SYSTEM NAME _____ COUNTY _____

Name _____

Street Address _____

City, State, Zip _____

Phone _____

Send
Sample
Results
To:
←

.. Owner/PWS .. Operator .. Private/Other City Account # _____

SAMPLE SITE/COLLECTION DATE and TIME

Date/Time Collected: _____
Month Day Year Time of Day am pm

Sample Site: _____
(address or other description – not sample site number)

Sampler Name/Phone _____

SYSTEM TYPE	SAMPLE TYPE (Public Systems Only)	WATER SOURCE
.. Public	.. Distribution .. Raw: well # _____	.. Groundwater (Well)
.. Private/Individual	.. Construction .. Special _____	.. Surface Water (Lake, River)
.. Other _____	.. Repeat for sample # _____	
	.. Other	

DISINFECTANT RESIDUAL (Mandatory) _____ mg/L .. Free Chlorine
(Compliance samples should not be collected if no residual is present) .. Chloramine (Total Chlorine)
Number of samples collected _____

LABORATORY REPORT(Do not write below)

Test Method Used: Chromogenic/Fluorogenic Colilert® -18

COLIFORM ORGANISMS:

Total Coliform

.. Found .. NOT Found

E. coli

.. Found .. NOT Found

REPEAT SAMPLES are required when Coliform organisms are Found in Routine Distribution samples

Questions about repeat samples?
Call TCEQ @ 512.239.6020

.. Unsuitable for analysis (see below) Analyst Initials _____

SAMPLE UNSUITABLE FOR ANALYSIS (this unsuitable sample must be replaced within 24 hours)

- | | |
|---|---|
| .. Sample too old. Not received within 30 hours of collection | .. Sample has excessive color/turbidity |
| .. Quantity insufficient for analysis (100 ml required) | .. Sampled leaked/bottle cracked in transit |
| .. Form incomplete/ date discrepancy (CIRCLE errors) | .. Excessive Chlorine residual |
| .. Inconclusive result | .. Other reason: DESCRIBE _____ |