City of Houston Health Department
Water and Dairy Laboratory

1115 S. Braeswood
Houston, TX 77030
Phone: 713-558-3474
Lab ID 48012

Date Received:

SAMPLE IDENTIFICATION

PUBLIC WATER SYSTEM ID_____ ⇦ seven digits (required)

PUBLIC WATER SYSTEM NAME _____ COUNTY _____

Name _____

Street Address _____

City, State, Zip _____

Phone _____

☐ 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

☐ Unsuitable for analysis (see below)

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

Questions about repeat samples?
Call TCEQ @ 512.239.6020

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
☐ Quantity insufficient for analysis (100 ml required)
☐ Form incomplete/ date discrepancy (CIRCLE errors)
☐ Inconclusive result
☐ Sample has excessive color/turbidity
☐ Sampled leaked/bottle cracked in transit
☐ Excessive Chlorine residual
☐ Other reason: DESCRIBE _____

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