

DRINKING WATER (P/A) COLIFORM SUBMISSION FORM

Public/Private Water System Identification & Sample Collection Information (Please PRINT legibly in black ink)

TCEQ Public Water System ID
(Must be 7 digits; include all zeros)

Public Water System Name

County COH Acct #, check or MO #, cc approval code

Send Results To

Name _____

Address _____

City _____

State _____ Zip Code _____ - _____

Phone # _____ Fax # or Email _____

Sampler Name _____

Sampler Contact # _____



Houston Health Department
Water & Dairy Laboratory
2250 Holcombe Blvd, Houston, TX 77030
P (832)393-3939 F (832)393-3989
www.houstontx.gov/health/water.html
WaterLab.info@houstontx.gov
TCEQ Lab ID: 48012 / USEPA Lab ID: TX00006

Test results meet all requirements of TNI unless stated otherwise.



Laboratory Use Only - Do not mark to the right of the bold black line

Date/Time Received _____

Received by _____ Sample Iced? **YES** **NO** Temp °C _____ Corr. Temp °C _____

Client Notification of Positive or Unsuitable Sample - Lab Use Only

Client or Sampler notified _____ Notified by _____

Date/Time notified _____

Notes: _____

| System Type (Circle one) | | | Water Source (Circle one) | | | CHLORINE RESIDUAL MANDATORY on ALL TCEQ Compliance samples including Routine, Raw & Repeat | LABORATORY USE ONLY | |
|--------------------------|---------|-----------------|---------------------------|-----------------------|-----------------------------|--|---------------------|-----------------------------|
| PUBLIC | PRIVATE | BOTTLED/ VENDED | GROUNDWATER (WELL) | SURFACE (LAKE, RIVER) | GROUND W/ SURFACE INFLUENCE | | Unsuitable sample | Laboratory Sample ID Number |

| Sample Identification <small>Use Specific Address/Location/Description DO NOT USE SITE # Raw Wells Use Source ID for Well Sampled; Ex. G1234567A</small> | Collected | | Sample Type : (X) Mark ONLY ONE box | | | | | Free Chlorine mg/L | Total Chlorine mg/L | Rejection Code | |
|---|---------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|--------------------|---------------------|----------------|--|
| | Date M/D/Y | Write time sampled. Circle am/pm | DIST/RT | CONST | RAW WELL | SPECIAL | REPEAT <small>Include Sample # for Previous Positive</small> | | | | |
| | | am | | | | | <input type="checkbox"/> | | | | |
| | | pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | am | | | | | <input type="checkbox"/> | | | | |
| | | pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | am | | | | | <input type="checkbox"/> | | | | |
| | | pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | am | | | | | <input type="checkbox"/> | | | | |
| | | pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | am | | | | | <input type="checkbox"/> | | | | |
| | | pm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

| | | | | | |
|-------------------|--|---|------------------------|------------------------------------|-------------------|
| Coliform P/A Form | Unsuitable Sample Rejection Code Definitions | EH = Exceeds holding time. Not received within 28 hours of collection | LT = Leaked in transit | CL = Chlorine present in sample | LR = Lab Rejected |
| | | VO = Volume insufficient for analysis | IN = Form Incomplete | BR = Broken | FZ = Frozen |
| | | | LA = Lab Accident | NC = No Chlorine Residual recorded | Page 1 of 1 |