

DRINKING WATER COLIFORM TEST REQUEST

Coliform P/A Form:
Date of Issue 3/31/2023

For Laboratory Use Only / Do not use this Section.



**Tarrant County Public Health
North Texas Regional Laboratory**

1101 South Main Street, Suite 1700
Fort Worth, TX 76104

Phone (817) 321-4778 / Fax (817) 850-8503
TCEQ Lab ID: T104704339



**TCEQ
NELAP
Recognized
Accreditation**

Test results meet all accreditation/certification requirements unless stated otherwise.

Bottle Lot Code #

If multiple lots, record lot codes in spaces by lab ID#s.



Please complete all applicable information requested below. Use indelible ink only to complete form. Do not use gel pens.

Use TCEQ's Drinking Water Watch (<https://dww2.tceq.texas.gov/DWW/>) to obtain your system's most current information.

Report Delivery Preference:

All reports will be emailed or faxed unless a mailed copy is requested.

Submitter Email Address or Fax Number / Please Print Legibly:

For Public Water System Use Only:	PWS ID: <small>(Must be 7 digits; include all zeros)</small>	TX							
	PWS Name:								
	County:								

For Lab Use Only:		Alternate Report Method Requested
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Submitter Information:	Name:										
	Address:										
	City:		State:		Zip Code:						
	Phone #:		Operator License #; if required:								

Sampler Name: (Print)						Sampler Association with PWS?
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Sampler Signature:		Operator		Owner
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Falsification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37.10) By signing this form, the sampler acknowledges that samples were collected according to the systems established sample collection procedures, and that all information is accurate.

Other Association with PWS : (Specify)

Please Indicate with an 'X' the Appropriate System Type:		Public		Individual/Private		Bottled/Vended
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Sample Transport Chain of Custody; Signatures Required (No Initials):

Relinquished By (Sampler):		Date /Time:
Received By (Courier, if applicable):		Date /Time:
Relinquished By (Courier, if applicable):		Date /Time:
Received By (Lab):		Date /Time:

Sample on ice at receipt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Temp at Receipt °C:		Corrected Temperature °C:	
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Sample Identification <small>Use a specific address/location/description For PWS samples, do not use site # only, include address; for PWS raw wells, use Source ID #: Ex. G1234567A</small>	Collected				PWS Only: Complete All Appropriate Sample Information							Chlorine Residual		For Laboratory Use Only:		
	Replacement?	Date			Time <small>Please indicate with an "X" AM or PM</small>	Routine	Construction*	Raw Well	Special*	Repeat	Repeat Location: OR, UP, or DN	Originating Sample information for all repeat, replacement, and triggered raw samples (TSMs).		Please Indicate with an "X" if Free (F) or Total (T)	Laboratory Sample ID Number	Bottle Lot Codes if Needed
		Month	Day	Year								Originating Lab ID#	Date of Collection			
					AM											
					PM											
					AM											
					PM											
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* PWS Special and Construction samples are NOT FOR COMPLIANCE