



Chain of Custody Number



TCEQ Lab ID: TX274

Cert. No. T104704360-11-5

**DRINKING WATER (P/A) COLIFORM REQUEST & CHAIN OF CUSTODY FORM**

Public/Private Water System Identification & Sample Collection Information								LABORATORY USE ONLY – DO NOT WRITE BELOW							
Public Water System ID: / / / / / / /		System Type						Client Notification Unsuitable or Failed Sample							
P W S Name:		<input type="checkbox"/> Public						Sampler/Person Contacted:							
County:		<input type="checkbox"/> Other: _____						Date/Time Notified:							
Contact Name:		<b>Water Source</b> <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface <input type="checkbox"/> Groundwater w/ Surface Water Influence						*Replacements / Re-test Samples within 24 hours: Yes or No							
Address:								Comments: Temp: _____ IR Temp. Gun: # _____							
City, State Zip:		<input type="checkbox"/> Groundwater													
Phone Number: _____ Fax: _____		<input type="checkbox"/> Surface													
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other:		<input type="checkbox"/> Groundwater w/ Surface Water Influence													
Sampler Name: _____ Contact# _____				Alternate Contact Name: _____ Contact# _____				Report Approved by: _____				Date: _____			
Sample Identification/Location		Collected		Sample Type				Chlorine Res: mg/l	Unsuitable Sample *	Lab Results – Test Method SM 9223 B				Sample #	
<i>Use Specific Address/Location: NOT SITE # (Raw Wells Use Source ID for Well Sampled)</i>		Date	Time	Dist	Con	Raw Well	Special	Repeat: Sample # for Previous Positive	<input type="checkbox"/> Free <input type="checkbox"/> Total	Rejection Criteria #	Total Coliform		E Coli		
											Present	Absent	Present	Absent	
1.			am <input type="checkbox"/> pm <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.			am <input type="checkbox"/> pm <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.			am <input type="checkbox"/> pm <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.			am <input type="checkbox"/> pm <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.			am <input type="checkbox"/> pm <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.			am <input type="checkbox"/> pm <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.			am <input type="checkbox"/> pm <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.			am <input type="checkbox"/> pm <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.			am <input type="checkbox"/> pm <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.			am <input type="checkbox"/> pm <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chain of Custody								*Unsuitable Sample for Analysis – Rejection Criteria							
Relinquished By: _____				Date: _____				Time: _____				1) Sample too old. Not received within 30 hours of collection 2) Quantity insufficient for analysis (100 mL. required) 3) Form incomplete / date discrepancy (Circle Errors) 4) Chlorine residual 5) Sample leaked in transit. 6) Other DESCRIBE			
Received By: _____				Date: _____				Time: _____							
Relinquished By: _____				Date: _____				Time: _____							
Received By: _____				Date: _____				Time: _____							
Relinquished By: _____				Date: _____				Time: _____							
Received By: _____				Date: _____				Time: _____							

Submit to TCEQ/Public Drinking Water MC – 155, PO BOX 13087, Austin, TX – 78711 | Fax Positive Results to 512-239-3666 | COPIES: CUSTOMER, LABORATORY, TCEQ

Q:\Forms\Multiple Drinking Water Sample Submission State Form.doc

SATL#MQA019