



Chain of Custody Number

TCEQ Cert. No. T104704360-12-8

TCEQ Lab ID: TX274



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: <input type="text"/>					System Type					Client Notification Unsuitable or Failed Sample					
P W S Name: <input type="text"/>					<input checked="" type="checkbox"/> Public					Sampler/Person Contacted: <input type="text"/>					
County: <input type="text"/>					<input type="checkbox"/> Other: <input type="text"/>					Date/Time Notified: <input type="text"/>					
Contact Name: <input type="text"/>					Water Source					*Replacements / Re-test Samples within 24 hours: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address: <input type="text"/>										Comments: Temp: <input type="text"/> IR Temp. Gun: # <input type="text"/>					
City, State Zip: <input type="text"/>					<input type="checkbox"/> Groundwater										
Phone Number: <input type="text"/> Fax: <input type="text"/>					<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: <input type="text"/>					Contact# <input type="text"/>					Report Approved by: <input type="text"/> Date: <input type="text"/>					
Alternate Contact Name: <input type="text"/>					Contact# <input type="text"/>										
Sample Identification/Location <small>Use Specific Address/Location: NOT SITE # (Raw Wells Use Source ID for Well Sampled)</small>		Collected		Sample Type				Chlorine Res: mg/l <input checked="" type="checkbox"/> Free <input type="checkbox"/> Total	Unsuitable Sample * Rejection Criteria #	Lab Results – Test Method SM 9223 B				Sample #	
		Date	Time	Dist	Con	Raw Well	Special			Repeat: Sample # for Previous Positive	Total Coliform		E Coli		
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: <input type="text"/>					Date: <input type="text"/>					Time: <input type="text"/>					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: <input type="text"/>					Date: <input type="text"/>					Time: <input type="text"/>					
Relinquished By: <input type="text"/>					Date: <input type="text"/>					Time: <input type="text"/>					
Received By: <input type="text"/>					Date: <input type="text"/>					Time: <input type="text"/>					
Relinquished By: <input type="text"/>					Date: <input type="text"/>					Time: <input type="text"/>					
Received By: <input type="text"/>					Date: <input type="text"/>					Time: <input type="text"/>					

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