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| DRINKING WATER COLIFORM TEST REQUEST | | | | Coliform P/A Form: Date of Issue 2/27/2024 | | For Laboratory Use Only. Affix LIMS barcode label here. | | | | |
|  Public Health | | Tarrant County Public Health North Texas Regional Laboratory 1101 South Main Street, Suite 1700 Fort Worth, TX 76104 Phone (817) 321-4778 TCEQ Lab ID: T104704339; Document ID: TX-C24-00035 | |  TCEQ NELAP Recognized Accreditation <small>Test results meet all accreditation/certification requirements unless stated otherwise.</small> | | | | | | |
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| Please complete all applicable information requested below. Use indelible ink only to complete form. Do not use gel pens. | | | | | | | | | | |
| Do not use this form for PWS samples. | | | | Submitter Email Address | | | | | | |
| | | | | To request a mailed copy instead of email, write "Mail" | | | | | | |
| Check the system type below | | | | | | | | | | |
| Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Construction/Contractor <input type="checkbox"/> | | | | | | | | | | |
| Submitter Information: | Name: | | | | | | | | | |
| | Address: | | | | | | | | | |
| | City: | | | | State | | | | | |
| | Phone # | | | Zip Code | | | | | | |
| I acknowledge that samples were handled appropriately and all information is accurate. 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) | | | | | | | | | | |
| Sampler Name: (Print) | | | | | | | | | | |
| Sampler Signature: | | | | | | | | | | |
| 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: | | Single Bottle Lot Code # |
| Sample Identification | | Collected | | | Chlorine Residual (Optional) | | For Laboratory Use Only | | | |
| Use a specific address/location/description | | Date | | Time | | Please Indicate with an "X" if Total or Free | | Laboratory Sample ID Number | | For Multiple Bottle Lots, Record Below |
| | | MM/DD/YY | | Please indicate with an "X" AM or PM | | | | | | |
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