



DRINKING WATER (P/A) COLIFORM SUBMISSION FORM

**Aqua-Tech Laboratories, Inc.**

Austin

Bryan

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Work Order / C-O-C

TCEQ Certificate #:
T104704371

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

TCEQ Lab ID: TX 239

Public/Private Water System Identification & Sample Collection Information**Public Water System ID** TX
(Must be 7 digits; include all zeros)**Public Water System Name**
County
Client Information
 Name _____
 Address _____
 City _____
 State / Zip _____
 Phone # _____
 Fax # _____

System Type (check one)
 Public
 Private
 Bottled / Vended
 Other: _____

Sampler Information
 Name _____
 Contact Number _____
 Owner _____
 Operator _____
 Other: _____

Water Source (Check One)
 Groundwater
 Surface Water
 Groundwater with Surface Water Influence (GWUDI)

 + DEFINITIONS: CM / CTU - Custody Maintained by custody seal and/or physical possession of samples / Custody Transfer Unbroken indicated by transfer dates & times.
 On Ice requirement may also be satisfied by refrigerating samples.
 All samples are grab samples in 120 mL sterile plastic with sodium thiosulfate unless otherwise noted below.

Please write comments below:

Sample Custody			
Relinquished by (print & sign)	Date & Time	Sampler	On Ice +
			Custody Sealed
Received by (print & sign)	Date & Time	Client ATL Field	On Ice +
			CM / CTU +
Relinquished by (print & sign)	Date & Time	Client ATL Field	On Ice +
			CM / CTU +
Received by (print & sign)	Date & Time	Client ATL Field	On Ice +
			CM / CTU +
Relinquished by (print & sign)	Date & Time	Client ATL Field	On Ice +
			CM / CTU +
Received by (print & sign)	Date & Time	Lab	Cond Good
			CM / CTU +
Cooler ID	Samples Iced?	Temperature (°C)	Thermometer ID
	Yes No	CT	

Sample Identification/Location		Collected			Sample Type (Check One)							Originating Sample(s)		Chlorine Residual		Laboratory Use Only		
Client Identifier	Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled Example: G1234567A	Date			Time		Distribution	Construction	Raw Well	Special	Repeat	Replacement	All Repeat, Replacement & Triggered Raw Samples must include the originating positive information below. TCEQ LAB ID: Sample ID Date	Free mg/L	Total mg/L	Rejection Criteria # * See Below	Laboratory Sample ID Number	
		Month	Day	Year	Please circle or PM	AM											Sample ID	Bottle(s)
																		-01
																		-02
																		-03
																		-04
																		-05
																		-06
																		-07
																		-08
																		-09
																		-10
																		-11

* Unsuitable Sample Analysis Rejection Criteria Definitions	IN - Insufficient Sampling Information	VO - Insufficient Volume	LT - Leaked in Transit	BR - Broken	ST - Heavy Silt or Turbidity Present	CL - Chlorine Present	LR - Lab Rejected	BP - Invalid Sampling Point	V-002R01 (From TCEQ 10525 05/2012)
	NC - No Chlorine Residual	EV - Excessive Volume	FZ - Frozen Sample	EH - Exceeds Holding Time	HB - Heavy Bacterial Growth	LA - Lab Accident	AR - Agency Rejected	IP - Invalid Sampling Protocol	