



DRINKING WATER (P/A) COLIFORM SUBMISSION FORM



Aqua-Tech Laboratories, Inc.

Austin Bryan

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Work Order / C-O-C

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

TCEQ Lab ID: TX 239

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

Client Information	Name _____	+ 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.
	Address _____	
	City _____	
	State / Zip _____	
	Phone # _____	
Other Contact _____		
Sampler Information	Name (Printed) _____	Signature _____
	Operator Licence # _____	
		Owner _____ Operator _____ Other: _____
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.		
Please write comments below:		

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

Sample Identification/Location		Sample Type (check one)					Collected			REPLACEMENT	Originating Sample(s)		Chlorine Residual		Laboratory Use Only	
Client Identifier	Use Specific Address/Location identified in Sample Siting Plan Raw Wells Use Source ID for Well Sampled Example: G1234567A	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date		Time		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 Code (if applicable) - Please Resubmit	Laboratory Sample ID Number	
							Month	Day	Year	Please circle AM or PM					Sample ID	Bottle(s)
															-01	
															-02	
															-03	
															-04	
															-05	
															-06	
															-07	
															-08	
															-09	
															-10	
															-11	