DRINKING WATER COLIFORM TEST REQUEST									Coliform P/A Form: Date of Issue 12/13/2019			aboratory.	/ Use Only / I	Do not use this s	section.				
Tarrant County Public Health		Tarrant County Public Health North Texas Regional Laboratory 1101 South Main Street, Suite 1700 Fort Worth, TX 76104 Phone (817) 321-4778 / Fax (817) 850-8503							TCEQ NELAP Recognized Accreditation										
	requirement	ts unless	stated othe	rwise.	la la an			Demotore											
Use	luested bel	low.	Use indelible ink only to complete form. Do not use gel pens. Report Delivery Preference:																
For	PWS ID: (Must be 7 digits;	TX	ormatio						All reports will be emailed or faxed unless a mailed copy is requested. Submitter Email Address or Fax Number / Please print Legibly:										
Public Water	include all zeros) PWS Name:											ase prii							
System Use							_												
Only:	County:							For	For Lab Use Only: Alternate Report Method Requested										
ation:	Name:																		
nform	Address:																		
ter Ir	City:							S	tate:	te: Zip Code:									
Submitter Information:	Phone #								C		or License #; equired:								
Sampler Name:												d:		Complex	A	tions with			
(Print)														Sampler	Associa	lion with	IPWS?		
Sampler Signature:														Operator			Owner		
Falsification of this form or tampering with water samples is a crime punishable under state and/or federal law: (Texas Penal Code, Title the sampler acknowledges that the samples were collected as indicated, and that the information submitted is Please Indicate with an 'X"										7.10). By	/ signing	this form,	Other Associa	ition with PWS :	(Specify)				
Please indicate with an X Public Individual/Private Bottled/Vended the Appropriate System Type: Sample Transport Chain of Custody; Signatures Required (No Initials):																			
Relinquished By										Date /Time:									
(Sampler): Received By										Date /Time:									
(Courie	er, if applicable):				Date /Time:														
Relinquished By (Courier, if applicable):																			
R	Received By (Lab):										Date /Time:								
Sample	e on ice at receipt?	Yes	t Receipt	°C:					Сс	prrected Temp	erature	°C:							
	Sample Iden			Colle					y: Check	(√) and			Appropriate Sample Information		Chlorine Residual		For Laboratory Use Only:		
		ocation/description se site # only, include	E	Date	Pla	Time lease indicate wit	ih an e	Construction*	well al*	at	Repeat Location: OR, UP, or DN		inating Lab ID# Date of Collection		Please Indicate with an "X" if Free (F) or Total (T)		Laboratory Sample ID Number		
	address; for PWS use Source ID #; Ex		Keplace	Month Day	Year	"X" AM or PM	th an Bontine Rontine	Const	Raw Well Special*	Repeat	Repea OR, UI	Origina							
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