POLLUTION CONTROL SERVICES

TCEQ NELAP Certificate # T104704361-08-TX

Chain of Custody Number

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: ___/___/___/___/___/___/___	**System Type**	***Client Notification Unsuitable or Failed Sample***
P W S Name :	☐ Public	Sampler/Person Contacted:
Contact Name :	☐ Other:_____	Date/Time Notified:
Address :	**Water Source**	*Replacements / Re-test Samples within 24 hours: Yes or No
City, State Zip : TX 78209	☐ Groundwater	**Comments:**
Phone Number: Fax:	☐ Surface	
☐ Owner ☐ Operator ☐ Other:	☐ Groundwater w/ Surface Water Influence	
Sampler Name: Contact#		
Alternate Contact Name: Contact#		**Report Approved by:** **Date:**

Sample Identification/Location	Collected		Sample Type					Chlorine Res: mg/l	Unsuitable Sample *	Lab Results – Test Method SM 9223 B				PCS Sample #
Use Specific Address/Location: NOT SITE # (Raw Wells Use Source ID for Well Sampled)	Date	Time	Dist	Con	Raw Well	Special	Repeat: Sample # for Previous Positive	☐ Free ☐ Total	Rejection Criteria #	*Total Coliform*		*E Coli*		*Stamp1st Sample and COC as same number*
										Present	Absent	Present	Absent	
①		am☐pm☐								☐	☐	☐	☐	
②		am☐pm☐								☐	☐	☐	☐	
③		am☐pm☐								☐	☐	☐	☐	
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Chain of Custody		
Relinquished By:	Date:	Time:
Received By:	Date:	Time:
Relinquished By:	Date:	Time:
Received By:	Date:	Time:
Relinquished By:	Date:	Time:
Received By:	Date:	Time:

***Unsuitable Sample for Analysis – Rejection Criteria**

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

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