



Drinking Water Bacteriology

Texas Commission on Environmental Quality

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Kilgore, TX 75662

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Kilgore, TX 75663-9000

Phone: 903-984-0551
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Client Code: _____

SAMPLE IDENTIFICATION

Laboratory Information

NELAP Cert # T104704201

Lab Sample # _____

Date Received in lab _____

Public Water System Information Send with Check payable to Ana-Lab for \$21.00

ID # _____ <small>(Required)</small>	Name _____	County _____
Send Sample Results to _____	Name _____	
	Street Address _____	
	City, State, Zip _____	
	Phone _____	Fax _____
	E-mail _____	

Sample Collection Data

Date/Time Collected _____ AM PM
Month Day Year Time of Day

Sample Site _____
Location Where Sample was Collected

Sampler Collector Name: _____ Phone: _____

System Type	Sample Type (PWS Only)	Water Source
<input type="checkbox"/> Public	<input type="checkbox"/> Routine Distribution <input type="checkbox"/> Raw (TCEQ Source ID) _____	<input type="checkbox"/> Groundwater (Well)
<input type="checkbox"/> Private Business	<input type="checkbox"/> Construction <input type="checkbox"/> Special	Well depth _____
<input type="checkbox"/> Individual	<input type="checkbox"/> Repeat (Original sample site _____) Lab# _____	<input type="checkbox"/> Surface Water (Lake/River)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

DISINFECTANT RESIDUAL _____ mg/L Chloramine (Total)
Required for all Distribution samples. If not reported, sample will be rejected. Chlorine (Free)

LABORATORY REPORT (Laboratory use only)

Test method used Collert Other _____

COLIFORM ORGNAISMS **Unsuitable** for Analysis (see below) Replace within 24 hrs of notification.

Total Coliform Repeat samples are required for **all positive Routine Distribution** samples.

Found Not Found

Escherichia Coli Report date: _____

Found Not Found Analyst Initials: _____

SAMPLE is UNSUITABLE for ANALYSIS because:

- | | |
|---|--|
| <input type="checkbox"/> Sample not received within 30 hours of collection | <input type="checkbox"/> Heavy Silt / Bacteria / Turbidity Present |
| <input type="checkbox"/> Quantity insufficient for analysis (100 mL required) | <input type="checkbox"/> Sample leaked in transit |
| <input type="checkbox"/> Form incomplete / date discrepancy (circle errors) | <input type="checkbox"/> Presence of excessive chlorine residual |
| <input type="checkbox"/> Other Reason (describe) _____ | |

Date	Time	Relinquished by	Affiliation	Received by	Affiliation

Sample Received on Ice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cooler / Sample Secure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Temp °C _____	Tracking /Shipping #: _____
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Ana-Lab form is based on TCEQ Form 10525 (rev. 10-02-2007) One page form