

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				<i>Client Notification Unsuitable or Failed Sample</i>							
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 :				Groundwater				Comments:							
Phone Number: _____ Fax: _____				Surface											
Owner _____ Operator _____ Other: _____				Groundwater w/ Surface Water Influence											
Sampler Name: _____				Contact# _____				Report Approved by: _____				Date: _____			
Alternate Contact Name: _____				Contact# _____											
Sample Identification/Location		Collected		Sample Type				Chlorine Res: mg/l	Unsuitable Sample *	Lab Results – Test Method SM 9223 B				PCS Sample #	
<i>Use Specific Address/Location: NOT SITE # (Raw Wells Use Source ID for Well Sampled)</i>		Date	Time	Dist	Con	Raw Well	Special	Repeat: Sample # for Previous Positive	<input type="checkbox"/> Free <input type="checkbox"/> Total	Rejection Criteria #	Total Coliform		E Coli		<i>Stamp 1st Sample and COC as same number</i>
											Present	Absent	Present	Absent	
①			am <input type="checkbox"/> pm <input type="checkbox"/>					_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
②			am <input type="checkbox"/> pm <input type="checkbox"/>					_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
③			am <input type="checkbox"/> pm <input type="checkbox"/>					_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
④			am <input type="checkbox"/> pm <input type="checkbox"/>					_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
⑤			am <input type="checkbox"/> pm <input type="checkbox"/>					_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
⑥			am <input type="checkbox"/> pm <input type="checkbox"/>					_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
⑦			am <input type="checkbox"/> pm <input type="checkbox"/>					_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
⑧			am <input type="checkbox"/> pm <input type="checkbox"/>					_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
⑨			am <input type="checkbox"/> pm <input type="checkbox"/>					_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
⑩			am <input type="checkbox"/> pm <input type="checkbox"/>					_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chain of Custody								*Unsuitable Sample for Analysis – Rejection Criteria							
Relinquished By:		Date:		Time:				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							
Received By:		Date:		Time:											
Relinquished By:		Date:		Time:											
Received By:		Date:		Time:											
Relinquished By:		Date:		Time:											
Received By:		Date:		Time:											