

DRINKING WATER COLIFORM TEST REQUEST

Coliform P/A Form:
Date of Issue 2/1/2025

For Laboratory Use Only. Affix LIMS barcode label here.



Public Health

**Tarrant County Public Health
North Texas Regional Laboratory**
1101 South Main Street, Suite 1700
Fort Worth, TX 76104
Phone (817) 321-4778
TCEQ Lab ID: T104704339

Please complete all applicable information requested below. Use indelible ink only to complete form. Do not use gel pens.

Do not use this form for PWS samples.

Submitter Email Address

To request a mailed copy instead of email, write "Mail"

Check the system type below

Private Bottled/Vended Construction/Contractor

Submitter Information:

Name:			
Address:			
City:		State	
Phone #		Zip Code	

I acknowledge that samples were handled appropriately and all information is accurate. 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)

Sampler Name:
(Print)

Sampler
Signature:

Sample Transport Chain of Custody; Signatures Required (No Initials):

Relinquished By (Sampler):		Date /Time:	
Received By (Courier, if applicable):		Date /Time:	
Relinquished By (Courier, if applicable):		Date /Time:	
Received By (Lab):		Date /Time:	

Sample on ice at receipt? Yes No Temp at Receipt °C: Corrected Temperature °C: Single Bottle Lot Code #

Sample Identification Use a specific address/location/description	Collected		Chlorine Residual (Optional) Please Indicate with an "X" if Total or Free	For Laboratory Use Only	
	Date MM/DD/YY	Time Please indicate with an "X" AM or PM		Laboratory Sample ID Number	
				Total	
				Free	
				Total	
				Free	
				Total	
				Free	
				Total	
				Free	
				Total	
				Free	
				Total	
				Free	
				Total	
				Free	
				Total	
				Free	