Microbial Reporting Form

Houston Health Department
Environmental Microbiology Laboratory
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P (832)393-3939 F (832)393-3989
www.houstontx.gov/health/water.html
WaterLab.info@houstontx.gov

Public/Private Water System Identification & Sample Collection Information (Please PRINT legibly in black ink)

TCEQ Public Water System ID
(Must be 7 digits; include all zeros)

Public Water System Name

County

COH Acct #, check or MO #, cc approval code

Send Results To

Name

Address

City | State | Zip Code

Phone # | Fax # or Email

Sampler Name(Print): | Signature:

Operator License#: | ☐ Owner | ☐ Operator | Other:

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) By signing this form the sampler acknowledges that samples were collected according to the systems established sample collection procedures, and that all information is accurate.

Test results meet all accreditation / certification requirements unless stated otherwise.

Sample Iced?		Relinquished By (Sampler):	Date / Time:
☐	Yes		
☐	No	Received By (Courier if Applicable):	Date / Time:

Temperature

°C — Relinquished By (Courier): | Date / Time:

Corrected Temp °C — Received By (Lab): | Date / Time:

Thermometer ID — Lab Comments:

Client Notification of Positive Sample Result or Rejected Sample (LAB USE ONLY)

Client or Sampler Notified | **Notified By:**

Date/ Time Notified:

Notes:

System Type (Circle one)			Water Source (Circle One)			Chlorine Residual	LABORATORY USE ONLY
Public	Private	Bottled/Vended	Groundwater (Well)	Surface (Lake, River)	Ground W/ Surface Influence		

Sample Identification/Location *Use Specific Address/Location/Description* **DO NOT USE SITE #** Raw Wells Use Source ID for Well Sampled; Ex. G1234567A	Collected — Date M/D/Y	Collected — Write time sampled. Circle am/pm	Sample Type : Mark Only One — Routine (Distribution)	Repeat	Raw Well	Special*	Construction*	Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Record Chlorine Residual and Circle "F" for Free, "T" for Total. (mg/L)	Rejection Code (If Applicable)- Please Resubmit	Laboratory Sample ID Number
		am / pm	☐	☐	☐	☐	☐			F / T		
		am / pm	☐	☐	☐	☐	☐			F / T		
		am / pm	☐	☐	☐	☐	☐			F / T		
		am / pm	☐	☐	☐	☐	☐			F / T		
		am / pm	☐	☐	☐	☐	☐			F / T		

Form Instructions: www.tceq.texas.gov/drinkingwater/microbial/revised-total-coliform-rule

*Special and Construction samples are NOT FOR COMPLIANCE

Lab Rejected Code(LR)- Document Reason: