

Private Drinking Water Submission Form

This form is to be used for Private Non-Compliance Drinking Water samples only. Samples submitted on this form will not be submitted to TCEQ for compliance.

Client & Sample Collection Information (Please print in black or blue ink or type the information)

Project Name or Description:
(If Applicable)

County: _____ COH Payment Account Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Client Email: _____

Water Source: Groundwater (Well) Surface (Lake, River) Ground w/ Surface Influence

Sample Identification/Location Sample Type Collected

Use Specific Address/Location/Description	Sample Type				Date (MM/DD/YY)	Time Military Time (HHMM)
	Private Well	Bottled/Vended	Construction	Other		

Houston Health Department
Environmental Microbiology Laboratory

2250 Holcombe Blvd. Houston, TX 77030

Phone: (832)393-3939

Email: WaterLab.info@houstontx.gov

Website: <https://www.houstonhealth.org/services/laboratory-services>



Laboratory Analysis

Sample Iced?

Temperature (°C)

Yes No Actual Temp: _____ Corrected Temp: _____ Therm ID: _____

Lab Comments:

Client Notification of Positive Sample Result or Rejected Sample:

Client /Sampler Notified: _____ Date and Time: _____

Notes:

Laboratory Analysis

Rejection Code (if applicable) - Please Recollect

Test Method: SM 9223 B Colilert®-18

Analysis Results meet all accreditation requirements unless stated otherwise.

Positive Sample Result

Chlorine Check Total Coliform E. coli

Laboratory Sample ID Number

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: _____

Relinquished By Sampler: _____ Date and Time: _____ Received By Courier (if applicable): _____ Date and Time: _____

Relinquished By Courier: _____ Date and Time: _____ Received By Lab: _____ Date and Time: _____