



**SAN ANTONIO RIVER AUTHORITY
REGIONAL ENVIRONMENTAL LABORATORY**



Laboratory ID # : 48162
600 E. Euclid Ave
San Antonio, TX 78212
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DRINKING WATER (P/ A) COLIFORM REQUEST & CHAIN OF CUSTODY FORM

| Public Water System Identification & Sample Collection Information | | | | | | | | | | LABORATORY USE ONLY – DO NOT WRITE BELOW | | | | | | |
|--|-----------|---|------|--------------------------|--|--------------------------|--------------------------|--------------------------------------|---------------|--|--|--------------------------|--------------------------|---------|------------------------------------|----------------------|
| Public Water System ID Number (7 Digits): | | | | | System Type | | | | | Customer Notification Unsuitable or Postive Sample | | | | | | |
| P W S Name : | | | | | <input type="checkbox"/> Public | | | | | | | | | | | |
| P W S County: | | | | | Water Source | | | | | Sampler/Person Contacted: | | | | | | |
| Send Result to: | Name : | | | | <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water | | | | | Date/Time Notified: | | | | | | |
| | Address : | | | | <input type="checkbox"/> Ground Water with Surface Water Influence | | | | | *Replacements / Re-test Samples within 24 hours: <input type="checkbox"/> Yes or <input type="checkbox"/> No | | | | | | |
| | City: | | | | This analytical report is intended exclusively for the individual or entity to which it is addressed. If you are not the named addressee, you are not authorized to read, print, retain, copy, or disseminate this report or any part of it. If you have received this report in error, please notify the San Antonio River Authority. Test results meet all accreditation/certification requirements unless otherwise stated. | | | | | Analyzed by: _____ Date: _____ | | | | | | |
| | State: | | ZIP: | | | | | | | Reviewed by: _____ Date: _____ | | | | | | |
| Phone Number: _____ Fax: _____ | | | | | Approved by: _____ Date: _____ | | | | | Sample Iced? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other: | | Sampler Name: _____ Contact#: _____ | | | Alternate Contact Name: _____ Contact#: _____ | | | | | Thermometer ID: C01-096 Temperature (°C): _____ / _____ Observed/Corrected | | | | | | |
| Sample Identification/Location | | Collected | | Sample Type | | | | Chlorine Residual (mg/l) | Sample Number | | Lab Results – Test Method SM9223 B (Enzyme Substrate) <small>Note: All Results relate only to the samples as received</small> | | | | Unsuitable Sample* PLEASE RESUBMIT | |
| <i>Use Specific Address/Location: NOT SITE # (Raw Wells Use Source ID for Well Sampled)</i> | | Date (mm/dd/yyyy) | Time | Routine | Const | Raw Well | Special | <input type="checkbox"/> Repeat | | | <input type="checkbox"/> Free | Total Coliform | | E. coli | | Rejection Criteria * |
| | | | | | | | | <input type="checkbox"/> Replacement | | | <input type="checkbox"/> Total | 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"/> | | | <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"/> | | | <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"/> | | | <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"/> | | | <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"/> | | | <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"/> | | | <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. Exceeded hold time. 2) Insufficient volume. 3) Excessive chlorine present in sample. 4) Heavy SILT/TURBIDITY PRESENT (Circle) 5) Form incomplete / Date Discrepancy (Circle Errors) 6) Other DESCRIBE: | | | | | | |
| Received By: | | | | | Date: | | Time: | | | | | | | | | |
| Relinquished By: | | | | | Date: | | Time: | | | | | | | | | |
| Received By: | | | | | Date: | | Time: | | | | | | | | | |