For Laboratory Use Only	Sample Number	Date and Time Received

TEXAS Department of State Health Services

Specimen Acquisition: (512) 458-7598

G-19 Water Bacteriology Form   Rev (09/13)
http://www.dshs.state.tx.us/lab

Place DSHS Bar Code Label Here

Please indicate the laboratory where the sample was submitted by checking the appropriate box below:

☐ **Austin Laboratory**
Laboratory Services Section, MC-1947
P. O. Box 149347, Austin, Texas 78714-9347
Courier: 1100 W. 49th Street, Austin, Texas 78756
(888) 963-7111 x7318 or (512) 776-7318
NELAC Certificate No. T104704297

☐ **South Texas Laboratory**
1301 S. Rangerville Road
Harlingen, TX 78552
(956) 364-8746
(956) 412-8794 Fax
NELAC Certificate No. T104704315

Sample Collection Data

Date and Time Collected: (** REQUIRED)	Sample Site: (Address or other description – do not use sample site number)
Date: MM DD YY (mm/dd/yy)	
Time: HH MM ☐ AM ☐ PM	

County:	Sampler's Name:	Phone Number: (with area code)

SYSTEM TYPE	SAMPLE TYPE	WATER SOURCE
(Check one)	(Public Water Systems Only) (Check one)	(Check water source and provide well depth, if appropriate.)
☐ Public (PWS)	☐ Routine/Distribution ☐ Raw : Well ID _____	☐ Ground Water *(Well)* Well Depth: _____
☐ Private (Individual)	☐ Construction ☐ Special _____	☐ Surface Water *(Lake, River)*
Other:	☐ Repeat ☐ Replacement	
☐ School ☐ Bottled	☐ Other: _____	
☐ Dairy ☐ _____		

DISINFECTANT RESIDUAL
MANDATORY FOR ALL SAMPLES COLLECTED FOR TCEQ. SAMPLE SHOULD NOT BE COLLECTED IF RESIDUAL IS NOT PRESENT.

Disinfectant Residual _____ mg/L   ☐ Free Chlorine   ☐ Chloramine (Total Chlorine)

Sample Submitter

Public Water System ID: (** REQUIRED for PWS. 7-digits)	Public Water System (PWS) Name:

Send Sample Results To: (** REQUIRED)

Name:	
Address:	
City, State, Zip:	
Phone: (area code)	( )
	☐ Owner ☐ Operator ☐ Other

Results to be:

☐ Mailed   ☐ Picked Up   ☐ Faxed to : ( )

THE SUBMITTER WILL BE BILLED FOR ALL TESTING. There is a fee for this analysis.

DSHS is not responsible for 3rd party payment arrangements.

If you have questions about this fee, please call (512) 776-6030.

COPIES: LABORATORY (white copy)   CUSTOMER (yellow copy)