



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

**G-19** Water Bacteriology Form Rev. June 2018  
<http://www.dshs.texas.gov/lab>

\*\*\* For DSHS Use Only \*\*\*  
Place DSHS Barcode Label Here

For DSHS  
Laboratory Use  
Only

YYYY / MM / DD HH : MM (AM / PM)

Date and Time Received

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

**Austin Laboratory**  
Laboratory Services Section, MC-1947  
1100 W. 49<sup>th</sup> Street, Austin, Texas 78756  
(888) 963-7111 x7598 or (512) 776-7598  
NELAC Certificate No. T104704297  
Laboratory Certifying Agency: STATE

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

**Sample Collection Data**

<b>Date and Time Collected: (** REQUIRED)</b>		<b>Sample Site:</b> (Address or other description – DO NOT use sample site number)	
Date:	MM DD YYYY (mm/dd/yyyy)		
Time:	HH MM SS <input type="checkbox"/> AM <input type="checkbox"/> PM		
<b>County:</b>	<b>Sampler's Name:</b>	<b>Phone Number: ( with area code)</b>	
	<b>Sampler's Signature:</b>	<b>EXT:</b>	

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.

**SYSTEM TYPE** (Check one)

Public (PWS)  School  Bottled (South Texas Laboratory ONLY)  
 Private (Individual)  Dairy (Austin Laboratory ONLY)  Other: \_\_\_\_\_

**SAMPLE TYPE** (Public Water Systems Only) (Check one) **NOTE: \*Special and Construction samples are NOT FOR COMPLIANCE**

Routine/Distribution **\*\* All fields below are REQUIRED for "Repeat", "Replacement" or "Triggered Raw"**  
 Construction Original Lab Sample Number: \_\_\_\_\_  
 Raw \*\*: Well ID \_\_\_\_\_ Date of Collection for Original Sample: MM : DD YYYY  
 Special Original Lab ID: \_\_\_\_\_  
 Other: \_\_\_\_\_  Austin Lab ID: 48001  
 Repeat \*\*  South Texas Lab ID: 48021  
 Replacement \*\*  Other: \_\_\_\_\_

**CHLORINE RESIDUAL**

MANDATORY FOR ALL SAMPLES COLLECTED FOR TCEQ.

Chlorine Residual \_\_\_\_\_ mg/L  Free Chlorine  Total Chlorine

**Sample Submitter**

<b>Public Water System ID:</b> (** REQUIRED for PWS ONLY. 7-digits)	<b>Public Water System (PWS) Name:</b>	
TX		
<b>Send Sample Results To: (** REQUIRED)</b>	<b>**CHAIN OF CUSTODY**</b>	
Name:	Relinquished By (Sampler's Signature):	Date/Time:
Address:	Received By (Courier's Signature, if Applicable):	Date/Time:
City, State, Zip:	Relinquished By (Courier's Signature):	Date/Time:
Phone: (area code)	Received By (Lab's Signature):	Date/Time:
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other	<b>Operator's License #:</b>	
<b>Results to be:</b>	<input type="checkbox"/> Mailed	<input type="checkbox"/> Picked Up <input type="checkbox"/> Faxed to : ( )

**THE SUBMITTER WILL BE BILLED FOR ALL TESTING.** There is a fee for this analysis. DSHS is not responsible for 3<sup>rd</sup> party payment arrangements.

If you have questions about this fee, please call (512) 776-7578.  
COPIES: LABORATORY (white copy) CUSTOMER (yellow copy)

\*\*\* FOR DSHS LABORATORY USE ONLY \*\*\*

**SAMPLE TEMPERATURE**

Is Sample Iced? <input type="checkbox"/> YES <input type="checkbox"/> NO	Record receipt temperature of sample _____ °C	Record handheld thermometer ID No. _____	Lab Staff Initials/Date _____
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