DRINKING WATER (P/A) COLIFORM SUBMISSION/REPORT FORM

Please complete all applicable information requested below. Use indelible ink only to complete form.

Public Water Systems Only:

PWS ID #: (Must be 7 digits; include all zeros) 2200362

PWS Name: Seville WSC

County: Tarrant county

Send Results To:

Name: Total Water mngt.

Address: 200 South Oakridge Dr. Ste 101 #511

City: Hudson oaks

State: texas Zip: 76087-

Phone #: 817-694-0511 Fax #:

Sampler Name: Julian Garcia

Sampler Contact #: 817-694-0511 Owner: X Operator: Other:

Please Circle Appropriate System Type: (Public) Private Bottled/Vended

Please Circle Appropriate Water Source: (Groundwater (Well)) Surface Water (Lake, river) Groundwater with Surface Water Influence

Tarrant County Public Health
North Texas Regional Laboratory
1101 South Main Street, Suite 1700
Fort Worth, TX 76104
Phone (817) 321-4778
Fax (817) 850-8503
TCEQ Lab ID: 48010 / USEPA Lab ID: 01471

Test results meet all requirements of NELAP unless stated otherwise.

NELAP Certificate #: T104704339-12-4

LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE

Sample Iced? (X) Yes ( ) No	Received By: JR	Date / Time Received:	SEP 24'14 12:58PM
If no, temperature at receipt?	Tested By: TD	Date / Time Tested:	SEP24'14 PM 2:43
°C	Reported By: TD	Date / Time Reported:	SEP25'14 AM 8:58

Report Approval Signature: Diane Hardin

Approving Technical Manager: ☐ Terry Bacon ☐ Marc Lewis ☒ Diane Hardin ☐ Nancy Turnage

Date of Approval: SEP25'14 AM11:58

Sample Identification: Use a specific address, location, or description. For PWS samples, do not use site # only, include address; for PWS raw wells, use Source ID #; Ex. G1234567A	Collected: Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: (√) Distribution	Construction	Raw Well	Special	Repeat: Include Lab ID of Previous Positive on All Samples Related to the Original Sample	Chlorine Residual: Free mg/L	Total mg/L	Unsuitable Sample - Please Resubmit* / Rejection Criteria #	Lab Results: Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
Water Plant	9	23	14	1:20 pm	X					1.7			☐	☐	☐	☐	1401093S
				am/pm									☐	☐	☐	☐	
				am/pm									☐	☐	☐	☐	
				am/pm									☐	☐	☐	☐	
				am/pm									☐	☐	☐	☐	
				am/pm									☐	☐	☐	☐	
				am/pm									☐	☐	☐	☐	
				am/pm									☐	☐	☐	☐	
				am/pm									☐	☐	☐	☐	
				am/pm									☐	☐	☐	☐	

Coliform P/A Form: 1/2014

*Unsuitable Sample Analysis- Rejection Criteria # Definitions

1) Sample Too old. Not received within 24 hours of collection
2) Quantity insufficient for analysis (120mL required)
3) Excessive Chlorine Residual (>10 mg/L)
4) Indeterminate Result
5) Form Incomplete / Date Discrepancy (Errors Circled)
6) Other: _____

DRINKING WATER (P/A) COLIFORM SUBMISSION/REPORT FORM

Please complete all applicable information requested below. Use indelible ink only to complete form.

Tarrant County Public Health
North Texas Regional Laboratory
1101 South Main Street, Suite 1700
Fort Worth, TX 76104
Phone (817) 321-4778
Fax (817) 850-8503
TCEQ Lab ID: 48010 / USEPA Lab ID: 01471

Test results meet all requirements of NELAP unless stated otherwise.

NELAP Certificate #: T104704339-12-4

Public Water Systems Only:

PWS ID #: (Must be 7 digits; include all zeros) 2200362

PWS Name: Seville WSC

County: tarrant county

Send Results To:

Name: Total water mngt

Address: 200 South oak ridge Dr. ste 121 #511

City: Hudson oaks

State: texas Zip: 76087-

Phone #: 8176940511 Fax #:

Sampler Name: Julian Garcia

Sampler Contact #: 8176940511 Owner [X] Operator [ ] Other:

LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE

Sample Iced? [✓] Yes [ ] No	Received By:	JC	Date / Time Received:	OCT 21'14 9:23AM
If no, temperature at receipt?	Tested By:	ML	Date / Time Tested:	OCT21'14 PM 1:03
°C	Reported By:	DH	Date / Time Reported:	OCT22'14 AM 8:06

Report Approval Signature: Marc Lewis

Approving Technical Manager: [ ] Terry Bacon [X] Marc Lewis [ ] Diane Hardin [ ] Nancy Turnage Date of Approval: OCT22'14 PM 2:41

Please Circle Appropriate System Type: (Public) Private Bottled/Vended

Please Circle Appropriate Water Source: (Groundwater (Well)) Surface Water (Lake, river) Groundwater with Surface Water Influence

Sample Identification: Use a specific address, location, or description. For PWS samples, do not use site # only, include address; for PWS raw wells, use Source ID #; Ex. G1234567A	Collected: Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: (√) Distribution	Construction	Raw Well	Special	Repeat: Include Lab ID of Previous Positive on All Samples Related to the Original Sample	Chlorine Residual: [X] Free mg/L [ ] Total mg/L	Unsuitable Sample - Please Resubmit* Rejection Criteria #	Lab Results: Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
9629 Lechner	10	20	14	3:35 am/pm	X					.40		[ ]	[X]	[ ]	[X]	14012027
				am/pm								[ ]	[ ]	[ ]	[ ]	
				am/pm								[ ]	[ ]	[ ]	[ ]	
				am/pm								[ ]	[ ]	[ ]	[ ]	
				am/pm								[ ]	[ ]	[ ]	[ ]	
				am/pm								[ ]	[ ]	[ ]	[ ]	
				am/pm								[ ]	[ ]	[ ]	[ ]	
				am/pm								[ ]	[ ]	[ ]	[ ]	
				am/pm								[ ]	[ ]	[ ]	[ ]	
				am/pm								[ ]	[ ]	[ ]	[ ]	

Lab Results — Note: All test results relate only to the samples as received. Test Method: SM9223 Colilert-18 Presence-Absence Format

Coliform P/A Form: 1/2014

*Unsuitable Sample Analysis- Rejection Criteria # Definitions

1) Sample Too old. Not received within 24 hours of collection
2) Quantity insufficient for analysis (120mL required)
3) Excessive Chlorine Residual (>10 mg/L)
4) Indeterminate Result
5) Form Incomplete / Date Discrepancy (Errors Circled)
6) Other: _____