


# 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 #: 2200362  
 (Must be 7 digits, include all zeros)  
 PWS Name: Seville WSC  
 County: Tarrant County  
 Name: total water mgmt  
 Address: 200 South Oakridge Dr. Ste 101 #511  
 City: ~~Dreest~~ Hudson oaks  
 State: Texas  
 Zip: 76087  
 Phone #: 817 694 0511  
 Fax #: \_\_\_\_\_  
 Sampler Name: Julian Garcia

**Please Circle Appropriate System Type:**  
 Public  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	Date			Sample Type : (v)				Time Please circle AM or PM
	Month	Day	Year	Distribution	Construction	Raw Well	Special	
	11	19	14					
Water Plant	11	19	14	2:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pm
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	am
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pm
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	am
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pm
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	am
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pm
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	am
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pm




## 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? Yes  No   
 Received By: JR  
 Date / Time Received: NOV 19 '14 3:46 PM  
 If no, temperature at receipt? ML  
 Tested By:  
 Date / Time Tested: NOV 19 '14 PM 4:32  
 °C BH  
 Reported By:  
 Date / Time Reported: NOV 20 '14 PM 11:15

**Report Approval Signature:** Marc Lewis  
**Approving Technical Manager:**  
 Terry Bacon  
 Diane Hardin  
 Marc Lewis  
 Nancy Turnage  
**Date of Approval:** NOV 20 '14 PM 2:27

Chlorine Residual	Free mg/L		Total Coliform		E. coli		Laboratory Sample ID Number
	mg/L		mg/L		mg/L		
	mg/L		mg/L		mg/L		
	mg/L		mg/L		mg/L		
<input checked="" type="checkbox"/>	161	<input checked="" type="checkbox"/>	161	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14013367
<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"/>	<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"/>	<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"/>		<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"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 PWS ID #: 2200362  
 PWS Name: seville wsc  
 County: Tarrant county


Name: Total Water mgnt.  
 Address: 200 South oakridge Dr. ste 101 #511  
 City: Hudson oaks  
 State: texas Zip: 76087

Phone #: 8176940511 Fax #: -

Sampler Name: Julian Garcia  
 Sampler Contact #: 8176940511 Owner: X Operator: X Other:

Please Circle Appropriate System Type:  
 (Public) Private Bottled/Vended  
 Please Circle Appropriate Water Source:  
 (Groundwater) 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			Sample Type: (✓)		
	Date	Time	Repeat	Raw Well	Special	Include Lab ID of Previous Positive on All Samples Related to the Original Sample
<u>Water plant</u>	<u>12</u> / <u>10</u> / <u>14</u>	<u>4:00</u>	<u>X</u>			



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ACREDITED NELAP

TCEQ Lab ID: 48010 / USEPA Lab ID: 01471

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

Sample Iced?	Received By:	Date / Time Received:
<input checked="" type="checkbox"/> Yes	<u>JR</u>	<u>DEC 11 '14 9:02 AM</u>
<input type="checkbox"/> No		

If no, temperature at receipt? QB Date / Time Tested: DEC 11 '14 AM 11:27

Reported By: OH Date / Time Reported: DEC 12 '14 AM 7:25

°C

Report Approval Signature: Julian Garcia

Approving Technical Manager:  Terry Bacon  Diane Hardin

Marc Lewis  Nancy Turnage

Date of Approval: DEC 12 '14 AM 8:52

Chlorine Residual Free mg/L Total mg/L	Lab Results		Rejection Criteria #	E. coli		Laboratory Sample ID Number
	Total Coliform			Present / Absent		
	Present	Absent		Present	Absent	
<u>0.7</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>14014159</u>
	<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"/>	<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"/>		<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"/>	<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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Note: All test results relate only to the samples as received.  
 Test Method: SM9223  
 Coli18-18 Presence-Absence Format