

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

Test results meet all requirements of NELAP unless stated otherwise.



NELAP Certificate #: T104704339-12-4

Public Water Systems Only:
 PWS ID #: 2 2 0 0 3 6 2
 (Must be 7 digits; include all zeros)
 PWS Name: SCULLIS WSC
 County: TARRANT

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

Send Results To:
 Name: TOTAL WATER MNGT
 Address: 200 SOUTHWEST OAK RIDGE DR. STE. 101 #511
 City: HUDSON OAK
 State: TEXAS Zip: 76087

Sample Iced? Yes No
 Received By: JC Date / Time Received: JUN 5'15 9:34AM
 If no, temperature at receipt? °C Reported By: DL Date / Time Tested: JUN 5'15 4:30PM
 Date / Time Reported: JUN 6'15 10:47AM

Phone #: 817-694-0511 Fax #:
 Sampler Name: Julian Garcia
 Sampler Contact #: 817-694-0511 Owner Operator Other:

Report Approval Signature: Marc Lewis
 Approving Technical Manager: Terry Bacon Marc Lewis
 Diane Hardin Nancy Turnage
 Date of Approval: JUN 08'15 AM 8:20

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

Chlorine Residual	Unsuitable Sample - Please Resubmit*	Lab Results				Laboratory Sample ID Number
		Note: All test results relate only to the samples as received.				
Free mg/L	Rejection Criteria #	Total Coliform		E. coli		15006061
		Present	Absent	Present	Absent	
1.9		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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: (v)					Include Lab ID of Previous Positive on All Samples Related to the Original Sample
	Date		Time	Distribution	Construction	Raw Well	Special	Repeat	
	Month	Day	Year						
9619 LETCHER	6	5	15	7:20					am
									pm
									am
									pm
									am
									pm
									am
									pm
									am
									pm
									am
									pm

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

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

PWS Name: Seville WSC

County: Tarrant County

Send Results To:

Name: Total water mgmt

Address: 200 South Oakridge Dr, Ste 101 #51

City: Hudson Oaks

State: Texas Zip: 76087

Phone #: 8176940311 Fax #: -

Sampler Name: Fulcan Garcia

Sampler Contact #: 8176940511 Owner 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

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

Sample Iced? Yes No

Received By: JC Date / Time Received: **JUN 8'15 10:56AM**

If no, temperature at receipt? °C

Tested By: DH Date / Time Tested: **JUN 8'15 12:09PM**

Reported By: DH Date / Time Reported: **JUN 9'15 8:05AM**

Report Approval Signature: Marc Lewis

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

Date of Approval: **JUN 9'15 10:51AM**

Sample Identification Use a specific address, location, or description <small>For PWS samples, do not use site # only, include address; for PWS raw wells, use Source ID #: Ex. G1234567A</small>	Collected			Sample Type: (v)						Chlorine Residual mg/L	Rejection Criteria #	Lab Results				Laboratory Sample ID Number
	Month	Day	Year	Distribution	Construction	Raw Well	Special	Repeat	Total Coliform			E. coli				
<u>Pump house</u> G1234567A	<u>6</u>	<u>8</u>	<u>15</u>	<u>X</u>						<u>1.5</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>15006099</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"/>	
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												<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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												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Coliform P/A Form: 1/2014

***Unsuitable Sample Analysis-Rejection Criteria # Definitions**

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

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 #: 2 2 0 0 3 6 2
 (Must be 7 digits; include all zeros)

PWS Name: Seville WSC

County: Tarrant



Tarrant County Public Health
 North Texas Regional Laboratory

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 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

Send Results To:

Name: Total Water Mngt

Address: 200 South Oakridge Dr Ste 101 # 511

City: Hudson Oaks

State: Texas Zip: 7 6 0 8 7 -

Sample Jeed? Yes No

Received By: JR Date / Time Received: JUL 7'15 9:02AM

if no, temperature at receipt? No Yes

Tested By: DH Date / Time Tested: JUL 07'15 PM 4:16

Reported By: DH Date / Time Reported: JUL 8'15 11:06AM

Phone #: 817-694-0511 Fax #:

Report Approval Signature: [Signature]

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

Date of Approval: JUL 8'15 2:30PM

Sampler Name: Julian Garcia

Sampler Contact #: 817-694-0511

Owner 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

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 (AM or PM)

Sample Type: Distribution Construction Raw Well Special Repeat

Chlorine Residual: Free mg/L .35 Total mg/L

Unsuitable Sample - Please Resubmit*

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

Rejection Criteria #

Total Coliform		E. coli	
Present	Absent	Present	Absent
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Laboratory Sample ID Number: 15007135

Sample Identification	Collected			Sample Type	Distribution	Construction	Raw Well	Special	Repeat	Include Lab ID of Previous Positive on All Samples Related to the Original Sample
	Month	Day	Year							
<u>10029 YCO MHA</u>	<u>7</u>	<u>6</u>	<u>15</u>	<u>am</u>	<input checked="" type="checkbox"/>					
				<u>pm</u>						
				<u>am</u>						
				<u>pm</u>						
				<u>am</u>						
				<u>pm</u>						
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Public Water Systems Only:

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

PWS Name: Seville WSC

County: Tarrant



**Tarrant County Public Health
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NELAP Certificate #: T104704339-12-4

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

Send Results To:

Name: Total water mgmt.

Address: 200 South Oakledge Dr. 101 # 511

City: Hudson Oaks

State: Texas Zip: 76097

Sample Iced? Yes No

Received By: JR Date / Time Received: AUG 20 '15 10:21 AM

If no, temperature at receipt? 5°C Tested By: DH Date / Time Tested: AUG 20 '15 3:04 PM

Reported By: [Signature] Date / Time Reported: AUG 21 '15 11:30 AM

Phone #: 917-694-0511 Fax #:

Report Approval Signature: [Signature]

Sampler Name: Julian Garcia

Sampler Contact #: 917-694-0511

Owner Operator Other:

Approving Technical Manager:

Terry Bacon Marc Lewis Diane Hardin Nancy Turnage

Date of Approval: AUG 21 '15 PM 1:45

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	Collected			Sample Type: (✓)					Chlorine Residual	Unsuitable Sample - Please Resubmit*	Lab Results				Laboratory Sample ID Number
	Month	Day	Year	Distribution	Construction	Raw Well	Special	Repeat:			Rejection Criteria #	Total Coliform		E. coli	
10029 Seville Dr <small>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</small>	8	20	15	9:37	am	✓				20	Present	Absent	Present	Absent	15009301
					am										
					pm										
					am										
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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: