

# 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  
 PWS Name: Saville WSC  
 County: Tarrant

Name: Total water magt  
 Address: 200 south ackridge rd ste 101 #51  
 City: Hudson Oaks  
 State: TX Zip: 76087

Phone #: 817 694 0511 Fax #: \_\_\_\_\_

Sampler Name: Julien Galvin  
 Sampler Contact #: 817 694 0511

Please Circle Appropriate System Type:

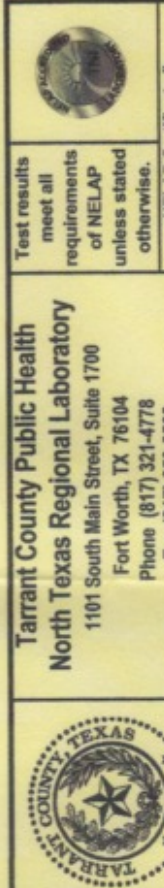
(Public) Private Bottled/Vended \_\_\_\_\_  
 Surface Water (Lake, river) \_\_\_\_\_  
 Groundwater (Well) \_\_\_\_\_  
 Distribution \_\_\_\_\_  
 Construction \_\_\_\_\_  
 Raw Well \_\_\_\_\_  
 Special \_\_\_\_\_  
 Repeat: \_\_\_\_\_

Please Circle Appropriate Water Source: Surface Water

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

1028 yearwood

Date	Collected		Sample Type (V)	Include Lab ID of Previous Positives on All Samples Related to the Original Sample
	Month	Day		
3	10	15	am	X
			pm	
			am	
			pm	
			am	
			pm	
			am	
			pm	
			am	
			pm	
			am	
			pm	
			am	
			pm	
			am	
			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  
 NELAP Certificate #: T104704339-12-4

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

Sample Load?  Yes  No  
 Received By: JR Date / Time Received: MAR 11'15 12:29PM

If no, temperature at receipt? DH Date / Time Tested: MAR 11'15 2:59PM  
DH Date / Time Reported: MAR 12'15 9:00AM

Report Approval Signature: Marc Lewis  
 Date of Approval: MAR 12'15 12:13PM

Approving Technical Manager: \_\_\_\_\_  
 Terry Bacon  Marc Lowis   
 Diane Hardin  Nancy Turnage

Chlorine Residual Free mg/L 1.2  
 Total mg/L \_\_\_\_\_

Unsuitable Sample - Please Resubmit\*

Rejection Criteria # \_\_\_\_\_

Lab Results  
 Note: All test results relate only to the samples as received.  
 Test Method: SM9223

Coliform-18 Presence-Absence Format

Total Coliform	E. coli		Laboratory Sample ID Number
	Present	Absent	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>15002570</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"/>	

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

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

<b>Public Water Systems Only:</b>	PWS ID #: <small>(Must be 7 digits; include all zeros)</small>	2 8 0 0 3 6 2
	PWS Name:	Seville WSC
	County:	Tarrant County
Send Results To:	Name:	Told water mgmt.
	Address:	200 South Oakridge Dr. Ste 101 #511
	City:	Hudson Oaks
	State:	Texas
	Zip:	76087
Phone #:	517 694051	Fax #:
Sampler Name:	Julian Garcia	
Sampler Contact #:	617 6940511	Operator

Please Circle Appropriate System Type:		Please Circle Appropriate Water Source:	
<input checked="" type="radio"/> Public	<input type="radio"/> Private	<input checked="" type="radio"/> Surface Water (Lake, river)	<input type="radio"/> Groundwater with Surface Water Influence
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>		Sample Type: (V)	
10037 yearwood		<input checked="" type="radio"/> Distribution	<input type="radio"/> Raw Well
		<input type="radio"/> Construction	<input type="radio"/> Special
		<input type="radio"/> Repeat	<input type="radio"/> Includes Lab ID of Previous Positive on All Samples Related to the Original Sample
Date	Time	Groundwater (Well)	
Month	Day	Year	Time
		4/6/15	11:10 am



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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: 48910 / 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 tested?	Received By:	Date / Time Received:
<input checked="" type="checkbox"/> Yes	<i>[Signature]</i>	APR 6'15 3:01 PM
	Tested By:	Date / Time Tested:
	<i>ML</i>	APR 6'15 4:12 PM
	Reported By:	Date / Time Reported:
	<i>DH</i>	APR 7'15 10:34 AM

Report Approval Signature: *Max Lewis*

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

Date of Approval: APR 7'15 11:34 AM

Note: All test results refer only to the samples as received.

Chlorine Residual	Lab Results		Total Coliform	E. coli		Laboratory Sample ID Number
	Please Resubmit*			Present	Absent	
	Free mg/L	Total mg/L		Present	Absent	
<input checked="" type="checkbox"/>	1.81		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		15003519
<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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<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"/>		

# 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  
 PWS Name: Seville wsc  
 County: Tarrant County  
 Name: Total water mgmt.  
 Address: 200 South Oakridge Dr. Ste 101 #511  
 City: Hudson Oaks  
 State: Texas  
 Zip: 76087

Phone #: 817 694 0511  
 Fax #: 817 694 1051  
 Sampler Name: Julie Garcia  
 Operator:  Other:

Please Circle Appropriate System Type:  
 Public  Bottled/Vended   
 Groundwater (Well)  Surface Water (Lake, river)   
 Water Influence  Raw Well  Distribution

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  
 10029 3rd year 2015  
 Date: 5/6/15  
 Time: 10:39 am  
 Sample Type: (v) Include Lab ID of Previous Positive on All Samples Related to the Original Sample  
 Repeat:  Special:  Raw Well:  Construction:  Distribution:

Sample ID	Date	Time	Sample Type				Chlorine Residual	Free mg/L	Total mg/L	Rejection Criteria #	E. coli		Lab Results	Sample ID Number
			Distribution	Raw Well	Special	Repeat					Present	Absent		
15004865								1.1					15004865	

**TARRANT COUNTY TEXAS**

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 NELAP Certificate #: T104704339-12-4

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Sample Used? Yes  No   
 Received By: JK  
 Date / Time Received: MAY 7'15 9:11 AM  
 Tested By: AM  
 Date / Time Tested: MAY 7'15 1:51 PM  
 Reported By: JB  
 Date / Time Reported: MAY 8'15 9:07 AM

Report Approval Signature: Julie Garcia  
 Approving Technical Manager: Terry Bacon  Diane Hardin   
 Marc Lewis  Nancy Turnage   
 Date of Approval: MAY 8'15 11:32 AM

Note: All test results relate only to the samples as received.

Test Method: SM9223  
 Colliort-18 Presence-Absence Format

Unsuitable Sample - Please Resubmit*	Total Coliform		E. coli		Lab Results
	Present	Absent	Present	Absent	
	<input 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"/>	
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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"/>	