



WATER QUALITY PARAMETER CHAIN OF CUSTODY FORM 20679

Section I (PWS Information)									Section II (Completed by Laboratory)													
PWS Name PWS ID #: PWS Contact Name PWS Contact Number			PWS Type: <input type="checkbox"/> Community <input type="checkbox"/> NTNC Population: <input type="checkbox"/> <50,000 <input type="checkbox"/> 50,001 to 100,000 <input type="checkbox"/> >100,000						Lab Name:													
<input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Triennial			<input type="checkbox"/> Tap Copper Exceedance <input type="checkbox"/> Tap Lead Exceedance						Laboratory Address:													
<input type="checkbox"/> Distribution System <input type="checkbox"/> Entry Point			# DS Samples Required: # DS Samples Submitted: # EP Samples Required:.....# EP Samples Submitted:						Laboratory Contact Name:													
Inhibitor or stabilizer used: <input type="checkbox"/> Phosphate <input type="checkbox"/> Calcium carbonate <input type="checkbox"/> Silica									Lab Phone:		Parameters Requested: *Analyses are required for the parameters checked. If inhibitors containing PO4 or silicate are used, then these parameters should also be tested depending on which is used..											
Sample Point ID (e.g. RWQP, EWQP, DSTWQP)	Source ID (e.g. DS01, EP001)	Sample Location	Sample Collection Date (MMDDYY)	Sample Collection Time (HHMM)	pH (1925)	pH method	Temp (°C) (1996)	Temp Method	Lab Sample ID	Alkalinity (1927)	Calcium (1016)	Chloride (1017)	Conductivity(1064)	Hardness (1915)	Iron (1028)	Manganese(1032)	Sodium (1052)	Sulfate ((1055)	TDS (1930)	O-phosphate (1044)	Silica ((1049)	
										✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*	*
										✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*	*
										✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*	*
										✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*	*
										✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*	*
										✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*	*
I acknowledge that the information on this form is true and correct and sites selected for sampling following TCEQ instructions including but not limited to the measurement of pH and temperature according to approved methods immediately upon collection (within 15 minutes)									Containers <input type="checkbox"/> 2 L plastic bottles <input type="checkbox"/> 1 L preserved upon receipt		Conditions Upon Receipt <input type="checkbox"/> Ice <input type="checkbox"/> Ambient Temp Upon Receipt: Corrected Temp Upon Receipt: Comments:											
Name _____			Signature _____			Date _____					Relinquished By (Name, Signature)		Date		Time		Received By: (Name, Signature)		Date		Time	
(For TCEQ use only) <input type="checkbox"/> Disapproved <input type="checkbox"/> Accepted Comments:																						