



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ)  
**LEAD AND COPPER RULE – CHAIN OF CUSTODY FORM 20683**

PWS ID #		<input type="checkbox"/> COMPLIANCE SAMPLES <input type="checkbox"/> NON-COMPLIANCE SAMPLES				LAB ID #:		LAB PHONE:						
PWS NAME:						LAB NAME:								
PWS / CONTACT NAME:			PWS / CONTACT PHONE:			LAB CONTACT NAME: (for questions about analysis)								
# OF PAGES SUBMITTED:						Original Lab Accreditation ID#	Original Lab Sample ID #		Original Collection Date/Time					
Sample Point ID (example: DS01 - LCR001 or EP001)	Sample Location (example: 123 Main Street, kitchen sink for First Draw Samples or location of entry point for non-first draw samples.)		Water Last Used Date (MMDDYY)	Water Last Used Time (HHMM)	Sample Collected Date (MMDDYY)	Sample Collected Time (HHMM)	Lab Preservation Date/Time	Lab Analysis Date/Time		Lab Sample ID #				
I acknowledge that the information on this form is true and correct and sites selected for sampling follow the approved Texas Commission on Environmental Quality Form 20467 and the PWS Monitoring Plan.							Bottles <input type="checkbox"/> 1 L labeled plastic bottles		Conditions Upon Receipt <input type="checkbox"/> Ice <input type="checkbox"/> Temperature Upon Receipt ____ °C <input type="checkbox"/> Ambient <input type="checkbox"/> Unpreserved <input type="checkbox"/> Preserved <input type="checkbox"/> Date Preserved _____					
Name _____			Signature _____			Date _____		Received by (Name & Signature) _____		Date _____	Time _____			
Relinquished By (Name & Signature)			Date	Time		Received by (Name & Signature)		Date	Time					
(For TCEQ use only) <input type="checkbox"/> QA/QC: _____ <input type="checkbox"/> Accepted                      Date: _____                      Initials _____ <input type="checkbox"/> Rejected Comments: _____														
<b>IMPORTANT: THIS FORM MUST ACCOMPANY THE SAMPLE BOTTLES WHEN THEY ARE SENT TO A LABORATORY FOR ANALYZING. SAMPLES EXPIRE 14 (24-Hour periods) DAYS AFTER COLLECTION IF NOT PRESERVED. THE LABORATORY IS INSTRUCTED TO REJECT INCOMPLETE FORMS.</b>														



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INSTRUCTIONS / All columns and spaces should be completed or laboratory will reject. Left Side to be filled out by public water system and right side to be filled out by laboratory(ies).

Public Water System (PWS) to fill out

<b><u>PWS ID:</u></b>	Public water system identification number
<b><u>PWS Name:</u></b>	Public water system name
<b><u>PWS Phone:</u></b>	Public water system phone number
<b><u>PWS Representative:</u></b>	Certified Operator or Responsible Person who either took samples or is responsible for the samples
<b><u>Pages Submitted:</u></b>	The # of pages of LCR/site location/ addresses you are including with bottles. Each page has 5 address possibilities.
<b><u>Original Lab ID:</u></b>	If the sample is a resample, please add the original laboratory accreditation ID # (this can be done by laboratory or by PWS)
<b><u>Original Lab Sample ID:</u></b>	If the sample is a resample, please add the original laboratory sample ID # (this can be done by laboratory or by PWS)
<b><u>Original Lab Collection:</u></b>	If the sample is a resample, please add the original laboratory collection date and time (this can be done by laboratory or by PWS)
<b><u>Name/Signature/Date:</u></b>	Public water system representative name, signature, and date
<b><u>Sample Point ID Number:</u></b>	DS01 for distribution lead and copper tap water samples, EP001, EP002, etc. for entry point lead and copper samples
<b><u>Sample Location:</u></b>	address and sink type – found in Texas Drinking Water Watch under Sample Points
<b><u>Water Last Used Date:</u></b>	The date water was last used at this sink, use Homeowner paperwork and use MM/DD/YY format
<b><u>Water Last Used Time:</u></b>	The time water was last used at this sink, use Homeowner paperwork and use HH/MM format
<b><u>Collection Date:</u></b>	The date sample was collected by PWS or homeowner. Please use MM/DD/YY format.
<b><u>Collection Time:</u></b>	The time sample was collected by PWS or homeowner. Please use 24 hour clock when reporting HH/MM.

Laboratory to fill out

<b><u>LAB ID:</u></b>	NELAP Accredited Laboratory / SDWIS identification number (check with TCEQ if you are not sure)
<b><u>LAB Name:</u></b>	Laboratory name
<b><u>LAB Phone:</u></b>	Laboratory phone number
<b><u>LAB Contact Name:</u></b>	Laboratory contact name
<b><u>Original Lab ID:</u></b>	If the sample is a resample, please add the original laboratory accreditation ID # (this can be done by laboratory or by PWS)
<b><u>Original Lab Sample ID:</u></b>	If the sample is a resample, please add the original laboratory sample ID # (this can be done by laboratory or by PWS)
<b><u>Original Lab Collection:</u></b>	If the sample is a resample, please add the original laboratory collection date and time (this can be done by laboratory or by PWS)
<b><u>Bottles:</u></b>	Were bottles received in an properly labeled 1 liter plastic bottle – check for Yes. Reject the sample if your answer is No.
<b><u>Conditions Upon Receipt:</u></b>	Please fill out as received.
<b><u>Incomplete Form:</u></b>	If Form 20683 is presented to a laboratory incomplete (meaning any PWS information incomplete), the laboratory is required to reject back to PWS
<b><u>Preservation Time:</u></b>	If Form 20683 is presented to a lab with collection times over the 14 days or 14 twenty four hour periods, plus the time it takes to preserve the samples, the laboratory is required to reject back to the PWS.
<b><u>Relinquished &amp; Received:</u></b>	To be filled out by laboratory(ies)

Texas Commission on Environmental Quality  
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