BACTERIOLOGICAL TESTING REQUEST FORM

WATER DISTRIBUTION PERSONNEL MUST BE PRESENT TO SIGN OFF ON THE LISTED TESTING REQUIREMENTS OF A NEW WATER LINE INSTALLATION. THIS FORM MUST BE SENT TO THE UTILITIES OFFICE PRIOR TO SCHEDULING.

Requester
Contact Information

Name: _______________
Contact #: ____________
Company: ____________
Sample Collection Address: ____________________

5.1.1.2 For new mains, sets of samples shall be collected every 1,200 ft (370 m) of the new water main, plus one set from the end of the line and at least one from each branch greater than one pipe length.

INTERNAL USE ONLY

HYDRO STATIC TEST COMPLETE     Y / N     ______
CL2 DISINFECTION COMPLETE        Y / N     ______
BAC-T SAMPLING COMPLETE          #1 Y / N ______      #2 Y / N ______
BAC-T SAMPLE RESULTS
#1 __________   #2__________
SAMPLE REQUESTER NOTIFIED OF RESULTS  Y / N ______

SKETCH OF SAMPLE LOCATION MUST BE PROVIDED INCLUDING DISTANCE SPECIFY NORTH DIRECTION

"QPS – Quality Public Service"

911 Highway 146 • Texas City, Texas 77592-2608
http://www.texas-city-tx.org