



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

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

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

Laboratory to fill out

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

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