



**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
WATER QUALITY PARAMETER MONITORING FORM 20679**

Completed by PWS (or Agent)

Completed by Laboratory

<b>PWS Name:</b>					<b>Laboratory Name:</b>				
<b>PWS ID#:</b>	TX				<b>TCEQ Lab ID #:</b>				
<b>PWS Address:</b>					<b>Laboratory Address:</b>				
<b>PWS Contact:</b>									
<b>PWS Contact Phone #:</b>					<b>Laboratory Contact:</b>				
<b>Inhibitor or Stabilizer Used (√):</b>	Phosphate	Silica	Calcium carbonate						
<b>TREATMENT</b>	<b>Alkalinity Dosage Rate:</b>	<b>Inhibitor Dosage Rate:</b>			<b>Laboratory Contact Phone #:</b>				

Sample Information									
<b>Sample Type (√):</b>	Compliance	Non-compliance							
<b>Sample Collector (√):</b>	Public Water System	Accredited Lab	3rd Party Contractor --> LAB ID	AL					
<b>Temperature and pH (Y or N):</b>	Are temperature and pH included on the sampling entity's Laboratory Approval Form on file at the TCEQ?		Were temperature and pH measured in the field within 15 minutes of sample collection?						

**Parameters Requested:** Analyses are required for the parameters checked. \* If inhibitors containing phosphate or silica are used, then these parameters should also be analyzed depending on which is in use.

Facility ID (e.g. DS01, PBCU001)	Sample Point ID (e.g. DSTWQP, EWQP)	Sample Location	Sample Collection		Field Measurements		Replacement? (√)	Original Sample ID #	Original Sample Date (MMDDYY)	Lab Sample ID	Alkalinity (1927)	Calcium (1919)	Chloride (1017)	Conductivity (1064)	Hardness (1915)	Iron (1028)	Manganese (1032)	Sodium (1052)	Sulfate (1055)	TDS (1930)	O-Phosphate (1044) *	Silica (1049) *
			Date (MMDDYY)	Time - 24 hr (HHMM)	pH	Temp (°C)																
											√	√	√	√	√	√	√	√	√	√		
											√	√	√	√	√	√	√	√	√	√		
											√	√	√	√	√	√	√	√	√	√		
											√	√	√	√	√	√	√	√	√	√		
											√	√	√	√	√	√	√	√	√	√		
											√	√	√	√	√	√	√	√	√	√		

I acknowledge that information on this form is true and correct and sites selected for sampling follow the instructions in the TCEQ Monitoring and Sample Collection Guidance for Water Quality Parameters. This includes, but not limited to the measurement of pH and temperature immediately upon collection. Falsification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37.10)

										Sample Conditions Upon Receipt (√)									
										Samples received unreserved?		Iced	Ambient						
<b>Name of Authorized PWS Representative (Print)</b>				<b>Signature</b>				<b>Organization</b>				<b>Date</b>				Rejection Code (if applicable):		Actual / Corrected sample temperature:	
										Date & Time of Sample Preservation (Acidified):		Thermometer ID #:							
Chain of Custody										<b>Laboratory Comments:</b>									
Relinquished By (Signature)					Date/Time:		Relinquished By Courier (Signature)												
Received By Courier (Signature)					Date/Time:		<b>Received By Lab (Signature)</b>					Date/Time:							


**INSTRUCTIONS FOR COMPLETING THE WATER QUALITY PARAMETER MONITORING FORM 20679**

The PWS (or agent) completes the following fields. See additional information at <[https://www.tceq.texas.gov/drinkingwater/chemicals/lead\\_copper/lead-copper.html](https://www.tceq.texas.gov/drinkingwater/chemicals/lead_copper/lead-copper.html)> under "Water Quality Parameter Sampling."

<b>PWS Name:</b>	Name of the Public water system
<b>PWS ID:</b>	Public water system identification number (seven digits preceded by the letters "TX")
<b>PWS Address:</b>	Public water system address
<b>PWS Contact Name:</b>	PWS contact person (or agent) responsible for the samples
<b>PWS Contact #:</b>	PWS contact (or agent) phone number
<b>Inhibitor or Stabilizer Used:</b>	Check the box indicating the type of inhibitor or stabilizer used by the water system; phosphate, silica, or calcium carbonate. (If applicable) <b>IMPORTANT NOTE:</b> The laboratory must analyze for orthophosphate or silica if either of those the inhibitors is checked.
<b>TREATMENT:</b>	Fill in the dosage rate for alkalinity and/or inhibitor if applicable.
<b>Sample Type - Compliance or Non-compliance:</b>	Check whether samples are to be used for compliance or not.
<b>Sample Collector:</b>	Check whether samples are collected by the PWS, your accredited lab or a 3rd party/contractor (include 3rd party's Lab ID number).
<b>Are temperature and pH included on the sampling entity's laboratory approval form on file at the TCEQ?</b>	Yes (Y) or No (N). Sampling entity must complete a laboratory approval form and submit to TCEQ for approval prior to sampling. EPA allowed methods must be used to field measure pH and temperature.
<b>Were temperature and pH measured in the field upon sample collection (i.e., within 15 minutes of sample collection)? (Y or N)</b>	Yes (Y) or No (N). Field measurements must be completed as soon as possible but no later than than 15 minutes after sample collection.
<b>Facility ID #:</b>	Facility ID number found in Texas Drinking Water Watch (DWW). "DS01" for distribution, "PBCU001", etc. for entry points. Refer to "Sample Points" link on the Texas DWW Webpage: < <a href="http://dww2.tceq.texas.gov/DWW/">http://dww2.tceq.texas.gov/DWW/</a> >
<b>Sample Point ID #:</b>	Sample point ID number found in Texas Drinking Water Watch (e.g. "DSTWQP" for distribution, "EWQP" for entry points). Refer to "Sample Points" link on the Texas DWW Webpage: < <a href="http://dww2.tceq.texas.gov/DWW/">http://dww2.tceq.texas.gov/DWW/</a> >
<b>Sample Location:</b>	Address of sample point. (Ex. 123 Main Street)
<b>Sample Collection Date:</b>	The date of sample collection by PWS (or agent) in MM/DD/YY format.
<b>Sample Collection Time:</b>	The time of sample collection by PWS (or agent) in 24 hour clock, HH:MM format.
<b>Sample pH:</b>	Record the sample pH at time of collection.
<b>Sample temp:</b>	Record the sample temperature at time of collection in °C
<b>Replacement Indicator:</b>	Check (√) if the sample replaces a previously rejected sample. Otherwise, leave blank.
<b>Original Sample ID #:</b>	If the "Replacement Indicator" box is checked fill out the "Original Sample ID #" column". Otherwise leave blank. (Can be added by the laboratory)
<b>Original Collection Date:</b>	If the "Replacement Indicator" box is checked fill out the "Original Sample Collection Date" column. Otherwise leave blank. (Can be added by the laboratory)
<b>Sample collection acknowledgement:</b>	Responsible PWS representative (or agent) who vouches for correct sample collection procedure and documentation. Fill out name, signature, organization, and date.
<b>Chain of Custody (COC):</b>	Indicate sample transfer by signature and date if the form is used to document COC. Several lines are provided for multiple transfers.
<b>The Laboratory completes the following fields. See additional information in the QAPP Addendum 3 - <i>Guidance for the Analysis and Reporting of Water Quality Parameters under the Lead and Copper Rule</i> at &lt;<a href="https://www.tceq.texas.gov/drinkingwater/chemicals/lead_copper/lead-copper.html">https://www.tceq.texas.gov/drinkingwater/chemicals/lead_copper/lead-copper.html</a>&gt;</b>	
<b>Lab Name:</b>	Laboratory name
<b>TCEQ Lab ID #</b>	Laboratory ID number, unique to the Safe Drinking Water Act Information System (SDWIS). Usually the first ten digits of the accreditation ID
<b>Lab Address:</b>	Laboratory's address
<b>Lab Phone:</b>	Laboratory phone number
<b>Lab Contact Name:</b>	Laboratory contact name
<b>Lab Sample ID:</b>	Laboratory generated sample ID number
<b>Parameters Requested:</b>	Check analyses to be performed. Orthophosphate or silica may be required depending on the inhibitor used.
<b>Rejection Code:</b>	If sample is rejected, fill in the code for the reason. See QAPP Addendum 3 for codes.
<b>Sample Conditions upon Receipt:</b>	Check boxes that apply. Record the actual and corrected sample temperature separated by a "/". Provide the serial number of the thermometer. Provide rejection code(s) as applicable. Additional rejection information can be provided under laboratory comments.
<b>Date/Time of sample preservation (acidification):</b>	Provide the date and time that the portion of the sample that requires preservation was acidified in the laboratory.
<b>Laboratory Comments:</b>	Optional. Any comments the laboratory may want to document.
<b>Received by Lab:</b>	Indicate sample receipt by signature and date, if the form is used to document COC.