



CITY OF TEXAS CITY, TEXAS

UTILITIES DEPARTMENT 911 HWY 146 N. • OFFICE (409) 359-5505 • FAX (409) 941-0163

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"