



Well Water Analysis Request Form

In accordance with Chapter 230: Groundwater Availability Certification for Platting of the Texas Commission on Environmental Quality (TCEQ) Rule Project No. 2007-045-230-PR. (2) For proposed subdivisions where the anticipated method of water delivery is from individual water supply wells on individual lots, samples shall be analyzed for the following well water panel tests: **Calcium, Chloride, Conductivity, Fluoride, Iron, Nitrate (as nitrogen), Manganese, pH, Sulfate, Total Hardness, Total Dissolved Solids** and **Presence/Absence or Quantitative of Total Coliform and E-Coli Bacteria.**

Please check one of the options below:

- Option 1:** Well Water Panel with Presence/Absence of Total Coliform and E-Coli bacteria.
Cost: \$190 [Standard] Cost \$380 [RUSH]
- Option 2:** Well Water Panel with Quantitative of Total Coliform and E-Coli bacteria.
Cost: \$195 [Standard] Cost \$390 [RUSH]
- Option 3:** VOC (Volatile Organic Compounds) Only **Cost \$130 [Standard] Cost \$260 [RUSH]**
- Option 4:** Option 1 and 3 **Cost \$320 [Standard] Cost \$640 [RUSH]**
- Option 5:** Option 2 and 3 **Cost \$325 [Standard] Cost \$650 [RUSH]**
- Option 6:** **VA Loan:** Lead, Nitrate, Nitrite, Total Nitrate/Nitrite, QT Bacteriologic **Cost \$86 [Standard] Cost \$172 [RUSH]**
- Option 7:** Additional Analysis: _____ Cost \$ _____

Service: **Standard** [11 Calendar Days] **RUSH** [5 Business Days]

Individual/Company Name: _____
 Address: _____
 City, State, Zip: _____
 Well Location: if different _____
 Phone: _____
 Email: _____

All forms of payment can be made at 908 Monroe Street, Fort Worth. **Only Check/Cash** payments can be made at the Centralized Laboratory located at 2600 S.E. Loop 820, Fort Worth. If you have any questions about the test, please contact the Water Department's Centralized Laboratory at 817-392-5900.

Signature of Owner/Designee of Establishment

Date



Fort Worth Water Department
2600 SE Loop 820
Fort Worth, Texas 76140

PE45/4406008/0601000
Water Lab Fee

FOR WATER DEPARTMENT USE ONLY		
Receipt # _____	Check No. _____	Amount \$ _____
Date of Payment _____	Cashier _____	Emailed by: _____