



# Well Water Analysis Request Form

In accordance with 30 Texas Administrative Code Chapter 230: Groundwater Availability Certification for Platting. (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: **Chloride, Conductivity, Fluoride, Iron, Nitrate (as nitrogen), Manganese, pH, Sulfate, Total Hardness, Total Dissolved Solids** and **Presence/Absence of Total Coliform Bacteria**.

**Please check one of the options below:**

- Option 1:** Well Water Panel with Presence/Absence of Total Coliform and E-Coli bacteria.  
**Cost: \$ \$238 [Standard] Cost \$ \$476 [RUSH]**
- Option 2:** Well Water Panel with Quantitative of Total Coliform and E-Coli bacteria.  
**Cost: \$248 [Standard] Cost \$496 [RUSH]**
- Option 3:** VOC (Volatile Organic Compounds) Only **Cost \$130 [Standard] Cost \$260 [RUSH]**
- Option 4:** Option 1 and 3 **Cost \$368 [Standard] Cost \$736 [RUSH]**
- Option 5:** Option 2 and 3 **Cost \$378 [Standard] Cost \$756 [RUSH]**
- Option 6:** **VA Loan:** Lead, Nitrate, Nitrite, Total Nitrate/Nitrite, QT Bacteriologic **Cost \$107 [Standard] Cost \$214 [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 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

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