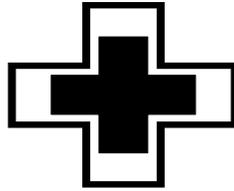


TCEQ MICROBIAL MONITORING POSITIVE RESULT REPORT FORM



Use one (1) form per microbial positive result. Make sure to print legibly and mark all pertinent check boxes.

IMMEDIATELY FAX ALL POSITIVE RESULTS TO: 1-800-252-0237

Lab Name: _____

Lab ID : _____

Faxed by: _____

Date and Time faxed: _____

Lab Phone : _____

Lab Sample ID : _____

Public Water System (PWS) ID : _____

PWS Name : _____

Collected by : _____

Collection Date/Time : _____

Collection Point : _____

Disinfectant Residual (mark the type) :

Chlorine (Free) Chloramine (Total) _____ mg/L

Sample Type: Routine *Repeat *Raw (source id: G_____)

If the sample type is a Repeat or a Raw, include the lab sample id for the originating positive.

*Lab Sample ID (of the Originating Positive Sample): _____

Result: Total coliform Fecal indicator Test Method: _____

REQUIRED Information:

Did your Lab call the PWS to notify them about the POSITIVE RESULT?

YES *NO

*If **NO**, provide the PWS Contact Information from the Microbial Monitoring Form (i.e. PWS Contact NAME and PHONE NUMBER).

*PWS Contact Info:

For questions regarding POSITIVE samples, contact a member of the Total Coliform Rule Program at (512)239-4691