Common Issues and Frequently Asked Questions

Revised Total Coliform Rule (RTCR)
Drinking Water Advisory Watch Group
July 17, 2018
Presentation Outline

- Chain of Custody/Microbial Reporting Form Requirements
- Change Request Procedures
- Compliance vs. Non-Compliance Samples
- Reporting a Positive Sample to TCEQ
- Repeat Sampling
- Replacement Samples
Chain of Custody/Microbial Reporting
Form Requirements
Microbial Reporting Form (MRF)

- Conforms to the TCEQ’s Quality Assurance Project Plan (QAPP) for drinking water compliance
- Submitted with any bacteriological sample to an accredited laboratory for compliance with RTCR
- Serves as the chain of custody by which TCEQ receives all compliance sample data
- Review this form for completeness at the time of acceptance
- Incomplete forms must be rejected for insufficient information
Labs and public water systems should be using this version (Form 10525, 08/2017) of the MRF unless other versions have been approved by the Quality Assurance Specialist.
Required Fields

- PWS ID
- PWS Name
- County
- Contact information
- Sampler information
  - Name
  - License number (Community and Non-Transient Non-Community systems)
  - Signature
  - Title
Required Fields

- Sample Iced (Y/N)
- Temperature When Received
- Relinquished and Received By (Name, Date/Time)
  - If a courier was used, sections must be filled out
- Incubation Date & Time
- Laboratory Information Section
  - Tested By
  - Laboratory Approval
  - Reported to Client
- Test Method Used
- Chlorine Check (Absent/Present)
Routine Sample Reporting

- **Required Fields:**
  - Sample Identification/Location
    - Must match Sample Siting Plan (SSP)
  - Date and Time of Collection– Mark AM or PM
  - Sample Type - “Routine/Distribution”
  - Chlorine Residual - Mark F for free or T for total

![Sample Reporting Table]

<table>
<thead>
<tr>
<th>Sample Identification/Location</th>
<th>Sample Type: (V one)</th>
<th>Collected</th>
<th>Sample ID &amp; Date of Originating Sample (All Repeat, Replacement, &amp; Triggered Raw Samples)</th>
<th>Circle “F” for Free, “T” for Total (mg/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>*123 Example Rd Main Office</td>
<td>X</td>
<td>05 08 18 08:30</td>
<td>X pm</td>
<td>1.60 X T</td>
</tr>
<tr>
<td>G123456A</td>
<td>X</td>
<td>05 08 18 08:40</td>
<td>X pm</td>
<td>0.0 X T</td>
</tr>
</tbody>
</table>
Repeat Sample Reporting

- **Required Fields:**
  - Sample Identification/Location
  - Date and Time of Collection - Mark AM or PM
  - Sample Type - Mark **only** Repeat
  - Sample ID and date of the originating positive (ID assigned by lab)
  - Chlorine Residual - Mark Free or Total

<table>
<thead>
<tr>
<th>Sample Identification/Location</th>
<th>Sample Type: (one)</th>
<th>Collected</th>
<th>Time</th>
<th>Sample ID &amp; Date of Originating Sample (All Repeat, Replacement, &amp; Triggered Raw Samples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>121 Example Rd</td>
<td>X</td>
<td>05 09 18</td>
<td>7:15</td>
<td>508123 5/8/18 1.15</td>
</tr>
<tr>
<td>123 Example Rd Main Office</td>
<td>X</td>
<td>05 09 18</td>
<td>7:20</td>
<td>508123 5/8/18 1.25</td>
</tr>
<tr>
<td>125 Example Rd</td>
<td>X</td>
<td>05 09 18</td>
<td>7:30</td>
<td>508123 5/8/18 1.24</td>
</tr>
<tr>
<td>G123456A</td>
<td>X</td>
<td>05 09 18</td>
<td>7:45</td>
<td>508123 5/8/18 0.0</td>
</tr>
</tbody>
</table>
Raw Water Sample Reporting

- **Required Fields:**
  - Source ID (i.e. G123456A)
  - Date
  - Time
  - Sample Type
  - Chlorine Residual

<table>
<thead>
<tr>
<th>Sample Identification/Location</th>
<th>Sample Type: ((\checkmark) one)</th>
<th>Collected</th>
<th>Sample ID &amp; Date of Originating Sample (All Repeat, Replacement, &amp; Triggered Raw Samples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Specific Address / Location identified in Sample Siting Plan</td>
<td>Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)</td>
<td></td>
<td>Circle “F” for Free, “T” for Total. (mg/L)</td>
</tr>
<tr>
<td>Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)</td>
<td></td>
<td>05 08 18 08:30</td>
<td>1.60</td>
</tr>
<tr>
<td>123 Example Rd Main Office</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>★ G123456A</td>
<td></td>
<td>05 08 18 08:40</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Change Request Procedures
What changes can be made after sample has been analyzed?

- Incorrect PWS ID# or Name
  - Sample sites must match sites listed on the PWS’s Sample Siting Plan (SSP)
- Month/Year of Collection
  - Relinquished date and lab tested date must support changes
- Sample Types
  - ONLY compliance to compliance sample types (Routine/Distribution, Repeat or Raw Well Samples)
Sample Types

- Compliance Sample Types
  - Routine (Distribution) Samples
  - Repeat Samples
  - Raw Well Samples

- Non-Compliance Sample Types
  - Special Samples
  - Construction Samples

**A sample marked as a non-compliance sample **can not** be changed to a compliance sample after it is relinquished to the lab.**
Change Requests Steps

- Corrections to the MRF can only be made by the sample collector who signed the original form.
- Labs cannot make any changes to the MRF once it is relinquished by the sampler.
- Draw a single line through the incorrect data, write the correct information and initial next to the correction.
- Write a brief statement of the change made somewhere in the margin of the form (ex: “corrected PWS ID”) with a full signature and date of correction.
- Submit the corrected form to both the TCEQ and the laboratory.
Example Change Request for Incorrect PWS ID#

TCEQ Microbial Reporting Form

<table>
<thead>
<tr>
<th>Public Water System ID:</th>
<th>TX 123456789 123456789</th>
<th>Clean Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Water System Name</td>
<td>Anyville</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>Anyville</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Jane Smith</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>123 Clean Water Lane</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Anytown</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>TX</td>
<td>Zip Code: 7XXXX</td>
</tr>
<tr>
<td>Phone #</td>
<td>(555) 555-5555</td>
<td>Other Contact: (555) 555-5555</td>
</tr>
</tbody>
</table>

Sample Site: 123 Example Rd Main Office

Date: 5/8/2018, Time: 8:30
Reporting a Positive Sample to TCEQ
Reporting a Positive Sample

- Report positive sample results as soon as the result is read
  - If lab approval is necessary before the positive sample can be reported, please ensure that lab approval is expedited
  - Positive sample results read on the weekend should still be reported the same day

- Positive sample results should be reported to **both** the TCEQ and the system the day they are read

- Please provide both the Microbial Reporting Form (MRF)/Chain of Custody and Positive Result Report Form to the TCEQ
  - Submit via email: RTCRPOS@tceq.texas.gov (Preferred)
  - Submit via fax: 512-239-3666
Repeat Sampling
Repeat Samples

- A set of **three** repeat samples is required for each positive
  - One from the **original** sample location
  - One within five service connections **upstream**
  - One within five service connections **downstream**
  - 1 raw well sample from each active well marked as “**Raw Well**”

- Must be marked as “**Repeat**” on Microbial Reporting Form
- Collected within 24 hours after notification
- Must include the originating sample ID and collection date

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<tbody>
<tr>
<td><strong>121 Example Rd</strong></td>
<td>X</td>
<td>05 09 18 7:15</td>
<td>508123 5/8/18</td>
<td>1.75 X</td>
</tr>
<tr>
<td><strong>123 Example Rd Main Office</strong></td>
<td>X</td>
<td>05 09 18 7:20</td>
<td>508123 5/8/18</td>
<td>1.73 X</td>
</tr>
<tr>
<td><strong>125 Example Rd</strong></td>
<td>X</td>
<td>05 09 18 7:30</td>
<td>508123 5/8/18</td>
<td>1.10 X</td>
</tr>
<tr>
<td><strong>G12345678A</strong></td>
<td>X</td>
<td>05 09 18 7:45</td>
<td>508123 5/8/18</td>
<td>0.0 X</td>
</tr>
</tbody>
</table>
Repeat Raw Well Sample Reporting
“Triggered Source Monitoring (TSM) Samples”

- Required Fields:
  - Source ID
  - Date and Time of Collection
  - Sample Type
  - Originating Sample ID and date of collection
  - Chlorine Residual

<table>
<thead>
<tr>
<th>Sample Identification/Location</th>
<th>Date</th>
<th>Time</th>
<th>Chlorine Residual</th>
</tr>
</thead>
<tbody>
<tr>
<td>121 Example Rd</td>
<td>05/09/18 18:15</td>
<td>X</td>
<td>0.00</td>
</tr>
<tr>
<td>123 Example Rd Main Office</td>
<td>05/09/18 18:20</td>
<td>X</td>
<td>1.70</td>
</tr>
<tr>
<td>125 Example Rd</td>
<td>05/09/18 18:30</td>
<td>X</td>
<td>1.10</td>
</tr>
<tr>
<td>G123456A</td>
<td>05/09/18 18:45</td>
<td>X</td>
<td>0.00</td>
</tr>
</tbody>
</table>
Replacement Samples
Replacement Sample Reporting

- Required Fields:
  - Mark Replacement Checkbox
  - Sample Identification/Location
  - Date of Collection/Time of Collection
    - Should be collected within 24 hours of notification
  - Sample Type - Same as sample which was rejected
  - Sample ID of originating sample
  - Chlorine Residual - Mark Free or Total

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Questions?

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