



# 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

# TCEQ Microbial Reporting Form

TCEQ Form 10525  
08/2017

## Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: TX [ ]

Public Water System Name: [ ]

Test Results must meet all accreditation / certification requirements unless stated otherwise.

TCEQ Laboratory ID: [ ]

County: [ ]

### SHADED AREA FOR LABORATORY USE ONLY

Report Results To:  
Name: [ ]  
Address: [ ]  
City: [ ]  
State: [ ] Zip Code: [ ]  
Phone #: [ ] Other Contact: [ ]

Sample Iced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relinquished By (Sampler): [ ]	Date / Time: [ ]
Temperature °C Corrected Temp [ ]	Received By (Courier, if applicable): [ ]	Date / Time: [ ]
	Relinquished By (Courier): [ ]	Date / Time: [ ]
Lab Comments: [ ]	Received By (Lab): [ ]	Date / Time: [ ]
Tested By: [ ]	Incubation Date & Time	
	Begin [ ]	End [ ]
Laboratory Approval: [ ]	Date: [ ]	Time: [ ]
Report to Client By: [ ]	Date: [ ]	Time: [ ]

Sampler Name (Print): [ ] Signature: [ ]

Operator License #: [ ]  Owner  Operator Other: [ ]

Falsification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37.10) By signing this form, the sampler acknowledges that samples were collected according to the systems established sample collection procedures, and that all information is accurate.

Sample Identification/Location		Sample Type : (√ one)					Collected				Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual Circle "F" for Free, "T" for Total. (mg/L)	Rejection Code (if applicable) - Please Resubmit	Lab Results						Laboratory Sample ID Number		
Use Specific Address / Location identified in Sample Siting Plan	Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time Please circle AM or PM				Replacement	Test Method:	Chlorine √		Total Coliform			E. Coli	
							Month	Day	Year							Absent	Present	Absent	Present		Absent	Present

\*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

TCEQ Microbial Reporting Form				TCEQ Form 10525	
				08/2017	
Water System Identification & Sample Collection Information (Please type or use block print)					
Public Water System ID: <small>(Must be 7 digits; include all zeros)</small>		TX	★		
Public Water System Name:		★			
County:		★			
Report Results To:	Name:				
	Address:				
	City:				
	State:		Zip Code:		
	Phone #:		Other Contact:		
Sampler Name (Print):			Signature:		
★			★		
Operator License #:		<input type="checkbox"/> Owner		<input type="checkbox"/> Operator	
★		Other:			



# 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 Identification/Location Use Specific Address / Location identified in Sample Siting Plan Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Sample Type : (√ one)					Collected				Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Circle "F" for Free, "T" for Total. (mg/L)		
	★ Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time Please circle AM or PM					
						Month	Day	Year						
★ 123 Example Rd Main Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	08	18	08:30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.60	<input checked="" type="checkbox"/>	
G123456A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	08	18	08:40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.0	<input checked="" type="checkbox"/>	



# 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

Sample Identification/Location Use Specific Address / Location identified in Sample Siting Plan Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Sample Type : (√ one)					Collected				Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Circle "F" for Free, "T" for Total. (mg/L)	
	Routine (Distribution)	Repeat ★	Raw Well	Special *	Construction *	Date			Time Please circle AM or PM				
						Month	Day	Year					
121 Example Rd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	09	18	7:15	<input checked="" type="checkbox"/>	508123 5/8/18	1.15	<input checked="" type="checkbox"/>
123 Example Rd Main Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	09	18	7:20	<input checked="" type="checkbox"/>	508123 5/8/18	1.25	<input checked="" type="checkbox"/>
125 Example Rd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	09	18	7:30	<input checked="" type="checkbox"/>	508123 5/8/18	1.24	<input checked="" type="checkbox"/>
G123456A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	09	18	7:45	<input checked="" type="checkbox"/>	508123 5/8/18	0.0	<input checked="" type="checkbox"/>

# Raw Water Sample Reporting

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

Sample Identification/Location Use Specific Address / Location identified in Sample Siting Plan Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Sample Type : (√ one)					Collected					Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual (mg/L) Circle "F" for Free, "T" for Total.	
	Routine (Distribution)	Repeat	Raw Well *	Special *	Construction *	Date			Time					
						Month	Day	Year	Please circle AM or PM					
123 Example Rd Main Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	08	18	08:30	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.60	<input checked="" type="checkbox"/>
* G123456A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	08	18	08:40	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.0	<input checked="" type="checkbox"/>

# 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



# 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](mailto:RTCRPOS@tceq.texas.gov) (Preferred)
  - ▶ Submit via fax: 512-239-3666

# Repeat Sampling

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the slide, with some extending towards the left. The overall aesthetic is clean and modern.

# 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

Sample Identification/Location Use Specific Address / Location identified in Sample Siting Plan Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Sample Type : (√ one)					Collected					Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Circle "F" for Free, "T" for Total. (mg/L)		
	Routine (Distribution)	Repeat *	Raw Well	Special *	Construction *	Date			Time Please circle AM or PM						
						Month	Day	Year							
★ 121 Example Rd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	09	18	7:15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	508123 5/8/18	1.75	<input checked="" type="checkbox"/>	<input type="checkbox"/>
★ 123 Example Rd Main Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	09	18	7:20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	508123 5/8/18	1.73	<input checked="" type="checkbox"/>	<input type="checkbox"/>
★ 125 Example Rd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	09	18	7:30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	508123 5/8/18	1.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G123456A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	09	18	7:45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	508123 5/8/18	0.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# 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

Sample Identification/Location Use Specific Address / Location identified in Sample Siting Plan Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Sample Type : (√ one)					Collected				Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Circle "F" for Free, "T" for Total. (mg/L)	
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time Please circle AM or PM				
						Month	Day	Year					
121 Example Rd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	09	18	7:15	<input checked="" type="checkbox"/>	508123 5/8/18	1.75	<input checked="" type="checkbox"/>
123 Example Rd Main Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	09	18	7:20	<input checked="" type="checkbox"/>	508123 5/8/18	1.73	<input checked="" type="checkbox"/>
125 Example Rd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	09	18	7:30	<input checked="" type="checkbox"/>	508123 5/8/18	1.10	<input checked="" type="checkbox"/>
★ G123456A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	09	18	7:45	<input checked="" type="checkbox"/>	508123 5/8/18	0.0	<input checked="" type="checkbox"/>

# Replacement Samples

The slide features a white background with the text 'Replacement Samples' centered. On the right side, there are several overlapping, semi-transparent green geometric shapes, including triangles and polygons, in various shades of green, creating a modern, abstract design.

# 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

Sample Identification/Location Use Specific Address / Location identified in Sample Siting Plan Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Sample Type : (√ one)					Collected				Replacement	Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual (mg/L) Circle "F" for Free, "T" for Total.	
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time				
						Month	Day	Year	Please circle AM or PM				
121 Example Rd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05	09	18	7:15	<input checked="" type="checkbox"/>	601587 5/8/18 508723	1.75	<input checked="" type="checkbox"/>

# Questions?

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