



Revised Total Coliform Rule (RTCR) Microbial Monitoring POSITIVE Result Report Form

Instructions

Use one (1) form per Public Water System (PWS) **Microbial Positive** result. Please type or print legibly and mark all pertinent check boxes. IMMEDIATELY SEND ALL POSITIVE RESULTS TO: 1-800-252-0237 (fax) or EMAIL to <RTCRPOS@tceq.texas.gov>. Include a copy of the analytical results provided by the laboratory. For questions regarding this form or POSITIVE samples, contact the Revised Total Coliform Rule Program at (512)239-4691.

Laboratory Information

Lab Name:		Laboratory ID:	
Sent By:	Date:	Time:	
Lab Phone Number:			

Sample Information

Lab Sample ID:	PWS ID Number: TX		
PWS Name:			
Collected By:	Date:	Time:	
Collection Point (Location):			
Disinfectant Residual (check type): mg/L <input type="checkbox"/> Chlorine (Free) <input type="checkbox"/> Chloramines (Total)			
Sample Type: <input type="checkbox"/> Routine (Distribution) <input type="checkbox"/> Repeat <input type="checkbox"/> Raw		Source ID (For Raw): G	
<i>If the sample type is Repeat or Raw, include the lab sample ID of the originating positive below</i>			
Lab Sample ID (of originating Positive/Raw sample):			

Sample Results (Include a copy of the analytical results report)

<input type="checkbox"/> Total Coliform Positive <input type="checkbox"/> <i>E. Coli</i> Positive	Test Method:
---	--------------

Reporting Information

Did your lab call the PWS to notify them of the POSITIVE result? <input type="checkbox"/> Yes <input type="checkbox"/> NO (or unsuccessful attempt)	
<i>If NO (or unsuccessful attempt), please provide the PWS Contact Information from the MRF below</i>	
PWS Contact Name:	PWS Phone Number: