



RTCR Positive Sample Invalidation Request

Instructions

In order for the TCEQ to consider a request for an invalidation of a total coliform positive (TC+) sample under the Revised Total Coliform Rule (RTCR), the attached questionnaire must be completed in its entirety and submitted along with the required documentation (see Checklist below). Requests will not be considered if any of the required information is missing.

Invalidations may only be considered under the following circumstances [30 TAC §290.109 (e) (1)] :

1. The laboratory establishes that improper sample analysis caused the TC+ sample result.
 - a. A written statement from the laboratory confirming improper analysis is required. The laboratory will be required to complete a corrective action.
2. The TCEQ determines that the TC+ sample resulted from a domestic or other non-distribution system plumbing problem.
 - a. All repeat sample(s) collected at the *same tap* as the original TC+ sample must also be TC+ (a minimum of three consecutive TC+ samples or 2.5% of the PWS' required number of RTCR samples per month, whichever is greater), and
 - b. All repeat samples collected at a location *other than* the original tap are TC negative, and
 - c. The Public Water System (PWS) determines the reason as to why the sample site consistently tests TC+ or can demonstrate that the problem is isolated to a single tap. Supporting documentation is required.
3. The TCEQ determines that a TC+ result is due to a circumstance or condition that does not reflect the water quality in the PWS's distribution system. The TCEQ may not invalidate a TC+ sample solely on the grounds that all repeat samples are TC negative.
 - a. The PWS must still collect all the required repeat samples.
 - b. The PWS must document in detail the specific cause of the TC+ sample. Supporting documentation such as photographs, weather or news reports, SOPs, notarized statements, etc. are required.
 - c. The PWS must document the action taken to correct the problem that caused the TC+ sample. (Corrective action)

Please Note:

You must continue to collect all required samples under the RTCR while your invalidation request is under consideration. DO NOT discontinue sampling unless told to do so by TCEQ or until all required sampling under the RTCR is completed.

If your sample invalidation is granted, your system is responsible for collecting a routine coliform replacement sample within the *same month* of the invalidated sample or your system may receive a routine monitoring violation. If you are requesting to invalidate a sample from a *previous month* and the invalidation of that sample would put your system's number of collected routine samples below the number of required routine samples, your system will receive a monitoring violation.

This questionnaire must be completed in full or the request will not be considered.

Public Water System Information	
PWS Name:	PWS ID No.: TX

Sample to be Invalidated	
Sample ID:	Sample Site:
Collection Date:	Collection Time:
Laboratory Name:	

Sample Collector	
Sampler Name:	Operator License No.:
Years of Experience:	Employed By (check one): <input type="checkbox"/> PWS <input type="checkbox"/> Contract Operator

Collection Information	
Residual: mg/L	Disinfectant (check one): <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Total (Chloramines)
Sample Shipped on Ice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Was sample bottle > 6 months old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the SOP followed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sample Point Disinfectant Used: <input type="checkbox"/> Bleach <input type="checkbox"/> Flame

Sample Site Information	
Active Service Connection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location (check one): <input type="checkbox"/> Interior (Inside) <input type="checkbox"/> Exterior (Outside)
Check one: <input type="checkbox"/> Hose bib <input type="checkbox"/> Storage tank <input type="checkbox"/> Dedicated sample station	

Sample Collection Conditions		
Water Outage in area of TC+ Sample? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lowest Pressure: psi	
Repair of Well/Distribution System in Area of TC+ Sample? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Special Samples Collected Following Repair? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Any Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Public Notices Issued in Last Six Months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Violation:	

Distribution System Information	
Cross Connection Program in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	Flushing Frequency:
Date of Most Recent Flushing:	

Corrective ActionsWas SOP Followed? Yes NoWas Flushing Performed? Yes NoDid Operator Undergo Additional Training? Yes No**Prior Invalidation Requests**Has an Invalidation Been Requested in the Past? Yes NoWas the Request Granted? Yes No

Date(s) of Invalidation Requests:

Grounds for Invalidation

Describe in detail below (or attach) the specific circumstances that caused the false TC+ sample and how the PWS came to those conclusions. Detailed supporting documentation is required.

RTCR Positive Sample Invalidation Request Checklist

ALL of the following documents must be submitted in order for the TCEQ to consider a sample invalidation. Under no circumstance can an *E. coli* positive sample be invalidated.

- The completed questionnaire
- Copies of the routine positive **and** all required repeat sample results from laboratory
- A detailed explanation of why the sample should be invalidated that includes the reason the action caused the alleged false positive sample.
- Public Water system's procedures for sample collection (SOP)
- Weather data including wind speed and amount of precipitation (if applicable)
- Any other corroborating supportive evidence (photographs, notarized statements, etc.)

Submit all required documents to the TCEQ via:

Fax: (512) 239-3666

Email: TCRDATA@tceq.texas.gov

Mail: TCEQ RTCR Program, MC-155, PO Box 13087, Austin, TX 78711

PWS Contact Information	
Submitted By:	Title:
Phone Number:	Email Address:

I certify under penalty of law that I have personally examined and am familiar with the information submitted and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and/or imprisonment for knowing violations.

Signature

Date