

Texas Commission on Environmental Quality

Monthly Summary of Multiple Bacteriological Results for PWS

Results for MONTH / YEAR:	
Public Water System Name:	
Public Water System ID:	
County:	
Laboratory Name:	
Laboratory Number:	

Number of ROUTINE samples	
Number of Total Coliform-found ROUTINE results	
Number of Fecal Coliform / E. coli-found ROUTINE results	
Number of REPEAT samples	
Number of Total Coliform-found REPEAT results	
Number of Fecal Coliform / E. coli-found REPEAT results	
Number of ROUTINE + REPEAT samples	
Number of ROUTINE + REPEAT Total Coliform and Fecal Coliform / E. coli-found results	
Percent of ROUTINE + REPEAT Positive samples*	

* Only Public Water Systems submitting 40 or more routine samples per month are required to calculate the percentage of positive samples.

List all **Routine Positive, Repeat, Repeat Positive, Unsuitable, Replacement, Construction, Special, and Raw samples on page 2.**

I certify that the above report is true and correct:

Signature of Laboratory Official

 Name of Lab Phone Number Date

Submit this form to:

**TCEQ / Public Drinking Water Section
 MC - 155
 PO Box 13087
 Austin, TX 78711-3087**

