



Laboratory Positive Result Form (TCEQ Form 20894)

Revised Total Coliform Rule and Groundwater Rule

Instructions

- Use one form for each Public Water System (PWS) positive (total coliform/*E.coli*) sample result.
- Fill out the information as it appears on the Microbial Reporting Form (MRF).
- Immediately send the positive result form and MRF with results to RTCRPOS@tceq.texas.gov.
- Send one PWS ID per email.
- Questions? Contact the TCEQ Water Supply Division Revised Total Coliform Rule Program at RTCRPOS@tceq.texas.gov or (512) 239-4691.

Laboratory Information

Laboratory Name	TCEQ Laboratory ID	Laboratory Phone Number
Date (MM/DD/YY)	Military Time (HHMM)	Sent By

Sample Information

Laboratory Sample ID Number	Sample Identification/Location
PWS ID	PWS Name

Sample Results

Total Coliform POSITIVE	<i>E. coli</i> POSITIVE	MRF with Results (required)

PWS Reporting Information

PWS Contact Name	PWS Contact Phone Number	Successful Verbal Contact	Left Voicemail	No Voicemail Available