

RTCR Data Reporting



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Revised Total Coliform Rule
TCEQ Public Drinking Water
Conference-2020



Overview

Public Water System (PWS) duties:

- microbial data collection
- submission
- reporting

PWS and laboratory roles:

- quality assurance
- data integrity
- record retention



RTCR Data Categories

Compliance

- Routine
- Repeat
- Raw well
 - TSM
 - ASM

Noncompliance

- Special
- Construction

Sample Type : (√ one)				
Routine (Distribution)	Repeat	Raw Well	Special *	Construction *

Selecting a Sample Site

- Sample Siting Plan (SSP)
- Find an appropriate tap
 - Lead free
 - Faces down, 18 inches above ground
 - Free of obstructions and attachments
 - Heat and chemical proof materials





Sample Collection Procedures

- Know your required sampling schedule
 - Follow your SSP
 - Sample early in the week and month
- Ensure proper bottle storage, use, and transport
- Document collection procedures
 - Administrative and technical
- TCEQ Guidance for Bacteriological Sample Collection



After Sample Collection

- Verify all data on the MRF is correct
 - Review for accuracy
 - Utilize TCEQ Guidance for the MRF
- Submit sample to lab as soon as possible
 - Max hold time = 30 hours
 - Exceeding hold time = rejection



Special Circumstances

- Rejected samples → Replacements
- Positive Routine → 3 Repeats
 - Original location
 - Upstream and Downstream
 - within 5 service connections
- Collected within 24 hours
- Include originating sample info



How to Ensure Your Sample Data Can Be Reported

The PWS should:

- Use most current MRF
- Fill out all required fields
- Double check MRF info
 - Including contact information
- Submit samples within the 30 hour hold time



How to Fill Out the MRF



TCEQ Microbial Reporting Form											TCEQ Form 10525						
Water System Identification & Sample Collection Information (Please type or use block print)											6/9/2017						
Public Water System ID:		TX		1234567							TCEQ Laboratory ID:						
Public Water System Name:		Water Girl Inc.									Test Results must meet all accreditation / certification requirements unless stated otherwise.						
County:		Travis									SHADED AREA FOR LABORATORY USE ONLY						
Report Results To:	Name:	Crystal Cleer									Sample Iced?	Reinquished By (Sampler):	Date / Time:				
	Address:	123 Watering Hole									<input type="checkbox"/> Yes <input type="checkbox"/> No	Received By (Courier, if applicable):	Date / Time:				
	City:	Austin									Temperature	Reinquished By (Courier):	Date / Time:				
	State:	TX		Zip Code:		78753				Corrected Temp	Received By (Lab):	Date / Time:					
	Phone #:	(512) 456-7890			Other Contact:						Lab Comments:	Incubation Date & Time					
Sampler Name (Print):		Bobby Boucher			Signature:		<i>Bobby Boucher</i>				Tested By:	Begin	End				
Operator License #:		WG1234567			<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Other:						Laboratory Approval:	Date:	Time:				
Report to Client By:											Date:	Time:					
<small>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.</small>											Chlorine Residual		Lab Results				Laboratory Sample ID Number
Sample Identification/Location		Sample Type : (√ one)			Collected			Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Rejection Code (if applicable) - Please Recollect	Test Method:							
Use Specific Address / Location Identified in Sample Siting Plan		Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Repeat	Special	Construction	Date				Time		Chlorine	Total Coliform	E. Coli			
456 Crystal Lake Ave						Month	Day			Year	Please circle AM or PM		Absent	Present	Absent	Present	Absent

Form Instructions: www.tceq.texas.gov/drinkingwater/microbial-revised-total-coliform-rule

* Special and Construction samples are NOT FOR COMPLIANCE

Lab Rejected Code (LR) - Document Reason:



Common MRF Errors

- Failing to enter an originating Sample ID
- Marking multiple Sample Types
- Failing to enter Source ID for wells (raw)
- Failing to enter a Chlorine Residual

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 Use Specific Address / Location identified in Sample Siting Plan Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)	Sample Type : (√ one)					Collected					Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)	Chlorine Residual		
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date			Time Please circle AM or PM	Replacement			mg/L	
						Month	Day	Year						
1002 Main Street	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	24	17	10:17	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<input checked="" type="checkbox"/>		1.23	<input type="checkbox"/> F <input checked="" type="checkbox"/> T
G1410004B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	24	17	9:51	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm		0021241	0.00	<input type="checkbox"/> F <input checked="" type="checkbox"/> T
2408 Main Street	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7	14	17	8:22	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm		0048176	0.28	<input type="checkbox"/> F <input checked="" type="checkbox"/> T
1647 Main Street	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	14	17	9:38	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm			0.97	<input type="checkbox"/> F <input checked="" type="checkbox"/> T
Raw Well	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	14	17	9:51	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm				<input type="checkbox"/> F <input checked="" type="checkbox"/> T



Common MRF Errors - Repeats

- Marking multiple Sample Types
- Failing to mark as Repeat or Raw
- Failing to enter originating Sample ID

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 ◆	Circle "F" for Free, "T" for Total (mg/L)		
	Routine	Repeat ★	Raw Well ▲	Special*	Construction	Date			Time Please circle AM or PM					
						Month	Day	Year						
121 Example Rd (upstream)		✓				5	9	18	7:12	am pm		508123 5/8/18	1.39	F T
123 Example Rd (original)		✓				5	9	18	7:38	am pm		508123 5/8/18	1.24	F T
125 Example Rd (downstream)		✓				5	9	18	7:47	am pm		508123 5/8/18	1.17	F T
G1234567A			✓			5	9	18	8:32	am pm		508123 5/8/18	0.00	F T
G1234567B			✓			5	9	18	9:06	am pm		508123 5/8/18	0.00	F T

MRF – Commonly Requested Changes



Changed allowed*

- PWS ID
- PWS Name
- Originating Sample Info
- Sample Location typos
- Raw Water Source ID
- Sample Type
(compliance to compliance)

Changes NOT allowed

- Collection Time/Date
- Chlorine Residual
- Sampler
Name/Signature
- Relinquishing By info
- Sample Type
(compliance to/from noncompliance)

* Need TCEQ approval and may need additional documents

What a PWS Can Expect When Submitting Samples



The Lab should:

- Check all required fields on the MRF are completed
- Ensure samples meet all sample acceptance requirements
- Notify the PWS within 24 hours when samples are rejected



What a PWS Can Expect for Reporting Sample Data



Report results in a timely manner

- PWS – rejected samples, same day
- PWS & TCEQ – positives, same day
- PWS – negatives, timely manner
- TCEQ – all results, by the 10th of the following month

** PWS should check Drinking Water Watch (DWW) for results**



PWS and Lab Responsibility

PWS

- Timely **sampling**
- Accurate data for reporting
- Receipt of results
- Check DWW
- Ask TCEQ for help




Lab

- Accurate data and reporting
- Timely **reporting**
- Check DWW
- Ask TCEQ for help



Data Integrity and Quality Assurance



- Data records = Legal documents
- Maintain accuracy 
- Legible
- Double check your data! 
- Contact TCEQ to request changes 
- Never falsify data



Record Retention for PWS

- Retain microbiological data records, originals, and changes
- PWS – 5 years
- Keep records organized



PWS Goals

- Timely sampling
- Double check data for accuracy
- Make sure you receive your results
- Timely reporting to TCEQ
- Maintain records
- Ask for help





Resources

RTCR:

www.tceq.texas.gov/drinkingwater/revised-total-coliform-rule

DWW:

www.tceq.texas.gov/goto/dww

RTCR Program:

(512) 239-4691

TCRData@tceq.texas.gov



Additional Assistance Programs

Free Financial, Managerial, and Technical
Assistance (FMT)

(512) 239-4691

FMT@tceq.texas.gov

Small Business and Local Government
Assistance (SBLGA)

(800) 447-2827

www.TexasEnviroHelp.org

Questions?



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