



# Required Sampling After a Coliform Positive Routine Distribution Sample

## Within 24 hours you must collect three repeat samples

- 1) One at the original location of the positive routine distribution sample.
- 2) One upstream within five connections.
- 3) One downstream within five connections.

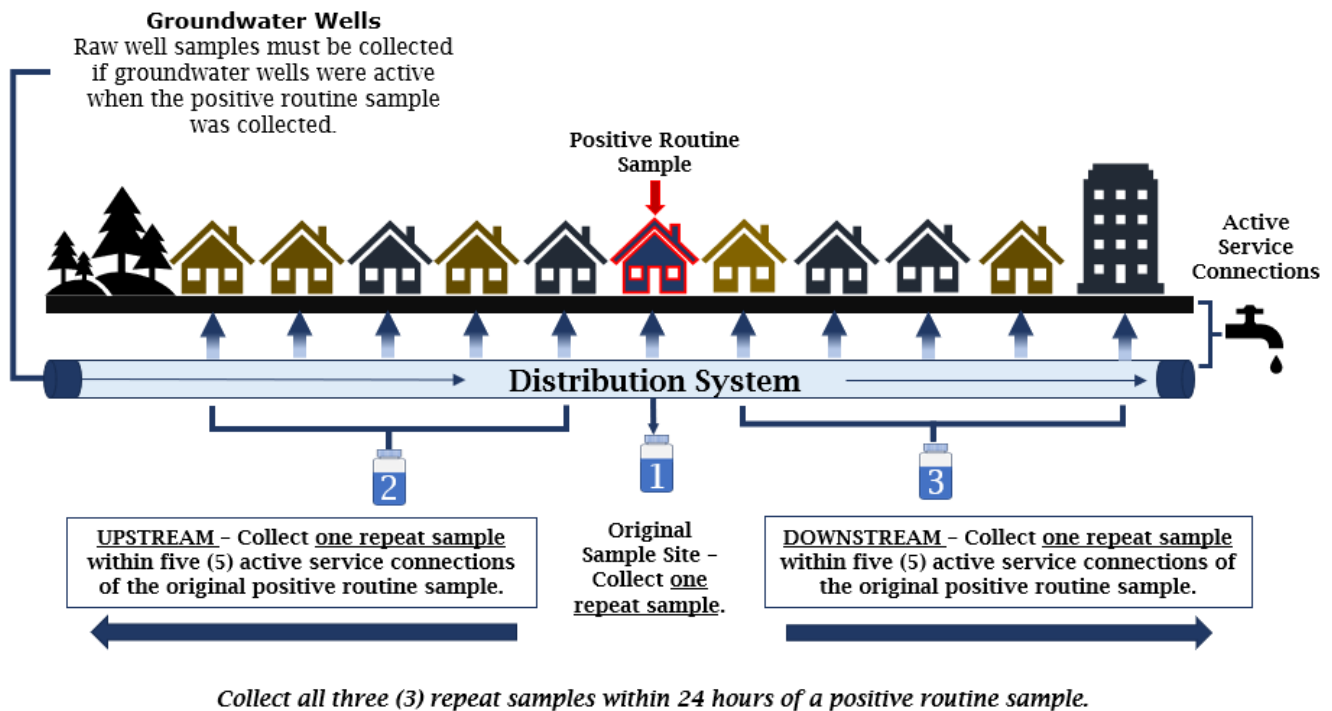
PWS with fewer than three connections must also collect three repeat samples.

## Within 24 hours you must collect raw groundwater well samples

If groundwater wells were active when the positive routine sample was collected, you must also collect raw well samples. For example:

- **One** routine distribution sample was coliform positive. The PWS has two active wells (Well A and Well B). Collect **two** raw well samples, one from Well A and one from Well B.
- **Two** routine distribution samples were coliform positive. The PWS has two active wells (Well A and Well B). Collect **four** raw well samples, two from Well A and two from Well B.

Figure 1: Repeat Sample Requirements After a Positive Routine Distribution Sample



# Record data on the Microbial Reporting Form

Mark distribution samples as **REPEAT** in the Sample Type field.

Mark raw well samples as **RAW WELL** in the Sample Type field:

1) Record Well Source ID in Sample Identification/Location field.

Example: G1234567A.

2) Do not leave chlorine residual field blank for raw well samples, **verify residual and record a value.**

Record sample ID and date of the original positive routine distribution sample in the Original Sample Info field.

Samples marked as **SPECIAL** or **CONSTRUCTION** cannot be used as **ROUTINE**, **REPEAT**, or **RAW WELL** samples.

Figure 2: Example of Microbial Reporting Form

Sample Identification/Location  Use sample site location/address identified in the system's RTCR Sample Siting Plan  Raw Wells: Use Well Source ID (Ex: G1234567A)	Sample Type (one)					Collected		Chlorine Residual		Replacement	Original Sample Info: Sample ID and Date of Collection (Repeat, TSM Raw Well, Replacement)
	Routine (Distribution)	Repeat	Raw Well	Special *	Construction *	Date (MM/DD/YY)	Time Military Time (HHMM)	Free mg/L	Total mg/L		
123 Main St (original)		<input checked="" type="checkbox"/>				04/24/24	1000	1.2		<input type="checkbox"/>	50123 04/23/24
120 Main St (upstream)		<input checked="" type="checkbox"/>				04/24/24	1020	1.3		<input type="checkbox"/>	50124 04/23/24
127 Main St (downstream)		<input checked="" type="checkbox"/>				04/24/24	1040	1.1		<input type="checkbox"/>	50125 04/23/24
G1234567A			<input checked="" type="checkbox"/>			04/24/24	1130	0		<input type="checkbox"/>	50126 04/23/24
G1234567B			<input checked="" type="checkbox"/>			04/24/24	1150	0		<input type="checkbox"/>	50127 04/23/24

If you have questions, contact the Revised Total Coliform Rule or the Groundwater Rule program at 512-239-4691, [TCRData@tceq.texas.gov](mailto:TCRData@tceq.texas.gov), or [GWRData@tceq.texas.gov](mailto:GWRData@tceq.texas.gov).



Scan the QR code for more information or visit our website at [www.tceq.texas.gov/goto/rtcr-routinepositive](http://www.tceq.texas.gov/goto/rtcr-routinepositive).

*This guidance will be included in our publication 'Coliform Monitoring, Analyzing, and Reporting' (RG-421)—under revision—which can be found at [tceq.texas.gov/goto/rq-421](http://tceq.texas.gov/goto/rq-421).*