

Total Coliform (TC) and *E. coli* (EC) Positive Sample Notification Form

Please fill out this document to report TC- or EC-positive sample results

EC-positive samples must also be reported to the DOW by phone:

502-782-7049

To submit, this document may be attached to

EEC eForm 169, *Drinking Water Information and Data Submittal*.

If you have any questions, please email us at DrinkingWaterCompliance@ky.gov.

You are not required to use this form; it is provided for your convenience.

Systems may submit other forms prepared by other entities or a letter, as long as the required information is included.

PWSID _____

Date / Time of Notification _____

PWS Name _____

Lab Contact _____

Lab ID _____

TC Analysis Method Code _____

Lab Name _____

EC Analysis Method Code _____

RT Samples

Lab Sample #	Collection Date (mm/dd/yy)	Sampling Point	Free / Total Chlorine	TC (P/A)	E. Coli (P/A)	Lab Sample # of Original

RP Samples

Date / Time of Notification: _____

Lab Sample #	Collection Date (mm/dd/yy)	Sampling Point	Free / Total Chlorine	TC (P/A)	E. Coli (P/A)	Lab Sample # of Original RP or RT Sample