ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601

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