



**DRINKING WATER ANALYSIS REPORTING FORM**  
**Long Term 2 Enhanced Surface Water Treatment Rule (LT2ESWTR)**  
**Monthly Reporting Form for Cryptosporidium, E.coli, and Turbidity**  
 \*\*\* ONE SAMPLE SET PER FORM \*\*\*

**\*\*\* PUBLIC WATER SYSTEM INFORMATION \*\*\***  
 >>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

PWS ID Number AZ04 \_\_\_\_\_

PWS Name \_\_\_\_\_

Owner/Contact Person \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Owner/Contact Phone Number \_\_\_\_\_

Owner/Contact Email Address \_\_\_\_\_

**SAMPLE LOCATION**

Surface Water Intake ID [\_\_\_\_\_]

Intake Name [\_\_\_\_\_]

**MONITORING PERIOD**

MONTH [\_\_\_\_\_]

YEAR [\_\_\_\_\_]

- Plant operated **entire** monitoring period and sampled according to schedule.     Plant operated **entire** monitoring period and sampled outside of 5 day window.◇  
 Plant operated **partial** monitoring period and sampled according to schedule.     Plant operated **partial** monitoring period and sampled outside of 5 day window.◇  
 Plant did **not** operate any day of this monitoring period due to normal events.\*     Plant did **not** operate any day of this monitoring period due to unusual events.\*\*  
 ◇ Must notify ADEQ or MCESD when sending LT2ESWTR (LT2) sampling to laboratory.    \* LT2 samples not required.    \*\* LT2 sampling required if source is available.

>>> TO BE COMPLETED BY LABORATORY PERSONNEL <<<<

Laboratory Analysis Results for <b>Cryptosporidium</b> (if 40 CFR § 141.706 (1) (ii) and/or (iii) applies, enter in comments section)													
Specimen Number	Lab ID	Sample Date	Sample Time	Sample Type Field	Matrix Spike	Analysis Run Date	Analysis Run Time	Volume Filtered to nearest ¼ L	100% Volume or % Examined	Method Number	# of Oocysts	# of Oocysts per Liter	Matrix Spike Oocysts Spiked
				<input type="checkbox"/>					Yes <input type="checkbox"/> or ____%				
					<input type="checkbox"/>				Yes <input type="checkbox"/> or ____%				

Laboratory Analysis Results for <b>E. coli</b>									
Specimen Number	Lab ID	Sample Date	Sample Time	Check Source Type	Analysis Run Date	Analysis Run Time	Method Type	Method Number	E. coli per 100 mL
				<input type="checkbox"/> Flowing Stream/Canal <input type="checkbox"/> Lake/Reservoir <input type="checkbox"/> GUDI					

Laboratory Analysis Results for <b>Turbidity</b>							
Enter for Lab Analysis Only Specimen Number	Lab ID	Check Source Type	Source of Turbidity Measurement	Turbidity Analysis Run Date	Turbidity Analysis Run Time	Method Number	Turbidity (NTU)
		<input type="checkbox"/> Flowing Stream/Canal <input type="checkbox"/> Lake/Reservoir <input type="checkbox"/> GUDI	<input type="checkbox"/> Laboratory Analysis <input type="checkbox"/> Field Measurement <input type="checkbox"/> Plant In-Line Average				

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge:  
**Lab ID Number** [AZ\_\_\_\_\_]    **Lab Name** [\_\_\_\_\_]    **Phone Number** [\_\_\_\_\_]    **Authorized Signature** [\_\_\_\_\_]    **Comments** [\_\_\_\_\_]    **PWS Notification Date** [\_\_\_\_\_]    **PWS Person Notified** [\_\_\_\_\_]

Submit completed form to: **EMAIL:** WQD\_Compliance\_Data@azdeq.gov **-or- MAIL:** ADEQ Water Quality Compliance Data Unit (MC 5415B-1), 1110 W. Washington St., Phoenix, AZ 85007  
**or questions call:** (602) 771-9200