



Long Term 2 Enhanced Surface Water Treatment Rule (LT2ESWTR) Monthly Reporting Form for *Cryptosporidium*, *E. coli* and Turbidity

One Sample Set Per Form

PWS ID #		PWS Name		Month/Year Reported:	
Contact Name		E-Mail Address		PWS Contact Phone #	
Treatment Plant Surface Water (TPSW) ID#			TPSW Name		
<input type="checkbox"/> Plant operated <u>entire</u> calendar month and sampled according to schedule.			<input type="checkbox"/> Plant operated <u>entire</u> calendar month and sampled <u>outside</u> of 5 day window.◇		
<input type="checkbox"/> Plant operated <u>partial</u> calendar month and sampled according to schedule.			<input type="checkbox"/> Plant operated <u>partial</u> calendar month and sampled <u>outside</u> of 5 day window.◇		
<input type="checkbox"/> Plant did <u>not</u> operate any day of this calendar month due to normal events.*			<input type="checkbox"/> Plant did <u>not</u> operate any day of this calendar month 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.					

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

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

Field or Lab Analysis Results for Turbidity						
Enter For Lab Analysis Only		Check Source Type	Source of Turbidity Measurement	Turbidity Analysis Date/Time	Method Number	Turbidity (NTU)
Specimen Number	Lab ID					
		<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			

Laboratory Information (to be completed by laboratory personnel)			
Certified Lab ID#		Lab Name	
Date Lab Notified PWS		Lab Phone #	
		Lab Contact (print name)	
		Lab Contact Signature	
Comments:			

Please send completed form to ADEQ via mail or e-mail

Mail: Arizona Department of Environmental Quality, 1110 W. Washington St., Mail Code 5415 B-1, Phoenix, AZ 85007

E-mail: <WQD_Compliance_Data@azdeq.gov>