



DRINKING WATER ANALYSIS REPORTING FORM  
**Long Term 2 Enhanced Surface Water Treatment Rule (LT2ESWTR)**  
 Monthly Reporting Form for *E.coli*  
 \*\*\* For Schedule 4 Systems (Serving less than 10,000 people) \*\*\*

**\*\*\* 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 [\_\_\_\_\_]

MONITORING PERIOD MONTH [\_\_\_\_\_] YEAR [\_\_\_\_\_]

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

- |   |   |
|---|---|
| <input type="checkbox"/> Plant operated <b>entire</b> calendar month and sampled according to schedule.     | <input type="checkbox"/> Plant operated <b>entire</b> calendar month and sampled outside of 5 day window.◇    |
| <input type="checkbox"/> Plant operated <b>partial</b> calendar month and sampled according to schedule.    | <input type="checkbox"/> Plant operated <b>partial</b> calendar month and sampled outside of 5 day window.◇   |
| <input type="checkbox"/> Plant did <b>not</b> operate any day of this calendar month due to normal events.* | <input type="checkbox"/> Plant did <b>not</b> 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.

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

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

*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 [\_\_\_\_\_]

Lab Contact, Printed Name [\_\_\_\_\_] 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