



**Long Term 2 Enhanced Surface Water Treatment Rule (LT2ESWTR)**  
**Monthly Reporting Form for *E. coli***  
**For Schedule 4 System (serving less than 10,000 people)**

<b>PWS ID #</b>		<b>PWS Name</b>		<b>Month/Year Reported:</b>	
<b>Contact Name</b>		<b>E-Mail Address</b>		<b>PWS Contact Phone #</b>	
<b>Treatment Plant Surface Water (TPSW) ID#</b>		<b>TPSW Name</b>			
<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>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				

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

**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-2, Phoenix, AZ 85007  
**E-mail:** WQD\_Compliance\_data@azdeq.gov