



DRINKING WATER ANALYSIS REPORTING FORM  
**Long Term 2 Enhanced Surface Water Treatment Rule (LT2ESWTR)**  
**Biweekly Reporting form for E.coli**  
 \*\*\* For Schedule 4 Svstems (Servina 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 [\_\_\_\_\_]

- 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 <<<

<b>Laboratory Analysis Results for <i>E. coli</i></b>									
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](mailto:WQD_Compliance_Data@azdeq.gov)    -or-    **MAIL:** ADEQ Water Quality Compliance Data Unit (MC 5415B-1),  
 1110 W. Washington St., Phoenix, AZ 85007.  
**For questions** go to: [azdeq.gov/DWComplianceAssistance](http://azdeq.gov/DWComplianceAssistance)