



DRINKING WATER ANALYSIS REPORTING FORM
Long Term 2 Enhanced Surface Water Treatment Rule (LT2ESWTR)
Reporting Form for Schedule 4 Systems monitoring for Cryptosporidium
 *** 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 Cryptosporidium (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	Sample Type 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 ____%				

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 [_____]

DWAR 20: Revised 7/2019

Submit it completed form to: EMAIL: WQD_Compliance_Data@azdeq.gov For questions go to: azdeq.gov/DWComplianceAssistance	-or-	MAIL: ADEQ Water Quality Compliance Data Unit (MC 5415B-1), 1110 W. Washington St., Phoenix, AZ 85007.
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