

Revised 7/2019

DRINKING WATER ANALYSIS REPORTING FORM

Long Term 2 Enhanced Surface Water Treatment Rule (LT2ESWTR)

Monthly Reporting Form for *E.coli*

1110 W. Washington St., Phoenix, AZ 85007.

*** For Schedule 4 Systems (Serving less than 10.000 people) ***

PWS Name () Owner/Contact Phone I		Owner/Co	ntact Email Address	
		Owner/Co	ntact Email Address	
MONITORING PERIOD			Owner/Contact Email Address	
	WONTH [] Y	EAR []	
to schedule.	ed entire calendar month	and sampled ou	tside of 5 day window.◊	
to schedule.	ed partial calendar month	and sampled ou	itside of 5 day window.◊	
ormal events.*	operate any day of this c	alendar month d	ue to unusual events.**	
ampling to laboratory. * LT2 san	nples not required. ** LT	2 sampling requ	ired if source is available.	
pratory Analysis Results for A	E. coli alysis Run Method	Method Number	E. coli per 100 mL	
Flowing Stream/Canal Lake/Reservoir GUDI				
PWS Person Notified] Phone Nu Signature [ımber [
	to schedule.	To schedule.	The schedule is accurate and correct to the best of my knowledge: Plant operated partial calendar month and sampled out ormal events.* Plant did not operate any day of this calendar month disampling to laboratory. * LT2 samples not required. ** LT2 sampling required. ** LT	

For questions go to: azdeq.gov/DWComplianceAssistance