



**Long Term 2
Enhanced Surface Water Treatment Rule
(LT2ESWTR)
Source Water Sampling Plan Requirements Checklist**

PWS ID Number		PWS Name	
Contact Name		Phone Number	E-Mail
Treatment Plant Surface Water (TPSW) Number		TPSW Name	

Submit completed source water intake sampling plans to ADEQ or MCESD (if MCESD regulated), no later than date listed in this table:

Schedule and Population (or in a combined distribution system in which the largest system serves)	Sampling Period	Plans Due
1 (serves ≥ 100,000)	April 2015 – March 2017	January 1, 2015
2 (serves 50,000 – 99,999)	October 2015 – September 2017	July 1, 2015
3 (serves 10,000 – 49,999)	October 2016 – September 2018	July 1, 2016
4 (serves < 10,000)	October 2017 – September 2019	July 1, 2017

Instructions: Select the applicable option (A, B, C, or D) and complete the required steps.

<input type="checkbox"/> A. Schedules 1-4	Schedule 1-4 system chooses to provide treatment for <i>Cryptosporidium</i> (5.5 log), instead of sampling for <i>E. coli</i> or <i>Cryptosporidium</i> <i>Complete and submit a Notice of Intent to Provide Treatment (DWAR 20 (NOI) Treatment).</i>
<input type="checkbox"/> B. Schedule 4 only	Schedule 4 system chooses to sample for <i>Cryptosporidium</i>, instead of <i>E. coli</i>: 1. Complete and submit the <i>Notice of Intent to sample for Cryptosporidium</i> (DWAR 20 (NOI), Sample). 2. See <i>Additional instructions and required steps for system sampling for LT2.</i>
<input type="checkbox"/> C. Schedule 4 only	Schedule 4 system samples for <i>E. coli</i> <i>See Additional instructions and required steps for system sampling for LT2.</i>
<input type="checkbox"/> D. Schedules 1-3 only	Schedule 1-3 system samples for <i>Cryptosporidium</i>, <i>E. coli</i> and turbidity. <i>See Additional instructions and required steps for system sampling for LT2.</i>

Additional instructions and required steps for system sampling for LT2 (Option B, C, or D selected):

<input type="checkbox"/> 1.	Select the schematic that represents the system's source/treatment plant configuration. If none of the first nine LT2 schematics available on ADEQ's webpage at: http://www.azdeq.gov/environ/water/dw/monitoringandreporting.html fit the system's configuration, use schematic number 10, or the system may submit their own.
<input type="checkbox"/> 2.	Mark the location of the system's sampling point(s), and all points of chemical treatment from the intake to the treatment plant on the selected schematic. <ul style="list-style-type: none"> The system's sampling point(s) must be representative of water entering the treatment plant. The sampling point must be prior to any chemical treatment. Contact ADEQ or MCESD for further instructions if sampling prior to chemical treatment is proposed. Systems that have a raw water off-stream reservoir or storage must collect samples after the raw water storage/reservoir. Systems that apply copper sulfate into the reservoir(s) must include this information in the sampling

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	<p>worksheet. Systems should maximize the amount of time between the application of copper sulfate and the collection of samples.</p> <ul style="list-style-type: none"> • Systems that recycle their filter backwash water must indicate the point where the recycled backwash re-enters the treatment process. • The sampling point must be prior to the point where any filter backwash is recycled back into the treatment process. • Systems that recycle their filter backwash into the reservoir(s) must provide these details in the worksheet. <p>Systems that have more than one source must collect samples after all raw water sources are combined if a sampling tap is available. Raw water samples not combined prior to treatment may require composite samples from each source (recommended if no combined sample tap is available), or separate analyses from each source with a calculated weighted average.</p>																
<input type="checkbox"/> 3.	Complete a “Sampling Location Worksheet” for each surface water source sampling intake location using DWAR 20 (Worksheet).																
<input type="checkbox"/> 4.	<p>Provide laboratory information for each lab used (duplicate table as needed):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Laboratory Name</td> <td style="width: 30%;"></td> <td style="width: 20%;">Laboratory ID Number</td> <td style="width: 20%;"></td> </tr> <tr> <td>Contact Name</td> <td></td> <td>Phone Number</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Laboratory Name</td> <td style="width: 30%;"></td> <td style="width: 20%;">Laboratory ID Number</td> <td style="width: 20%;"></td> </tr> <tr> <td>Contact Name</td> <td></td> <td>Phone Number</td> <td></td> </tr> </table> <p><i>The system must select and use a laboratory using U.S. EPA approved methods that is certified by Arizona Department of Health Services for Cryptosporidium (Schedule 1-3 systems), and E. coli enumeration (counting) (Schedule 1-4 systems).</i></p>	Laboratory Name		Laboratory ID Number		Contact Name		Phone Number		Laboratory Name		Laboratory ID Number		Contact Name		Phone Number	
Laboratory Name		Laboratory ID Number															
Contact Name		Phone Number															
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Contact Name		Phone Number															
<input type="checkbox"/> 5.	<p>Select and submit the sampling dates: On an attached piece of paper</p> <ul style="list-style-type: none"> • Use the enclosed calendars for [first year] – [last year] to select the days between [begin date] and [end date], on which the system will be collecting samples (use key at top of page 1). • Samples must be collected within a five day window (the date selected, plus or minus 2 days). • Schedule 4 systems must collect <i>E. coli</i> samples on at least a biweekly basis (every two weeks) for one year beginning in [month/year]. <p>If the system chooses to collect samples on a more frequent basis (e.g., weekly), the samples must be evenly spaced throughout the [begin date] – [end date] period.</p>																

Submit both pages of DWAR 20 (Checklist), and all required information from A, B, C, or D to the system’s regulatory agency:

LT2 Rule Specialist
Drinking Water Monitoring and Protection Unit
 Arizona Department of Environmental Quality
 1110 W. Washington St., Mail Code 5415 B-2
 Phoenix, AZ 85007
 Fax: 602-771-4634
lt2rule@azdeq.gov

Manager
Safe Drinking Water Program
 Maricopa County Environmental Services Department
 1001 N Central Avenue, Suite 250
 Phoenix, AZ 85004
 Desk: 602.506.6935 | Fax: 602.372.0866
sdwquestions@mail.maricopa.gov

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