|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PWS ID Number** |  | **PWS Name** | |  | |
| **Treatment Plant Surface Water (TPSW) Number** | | |  | **TPSW Name** |  |

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| --- |
| **NOTICE OF INTENT**  The system may use this form to provide notice to ADEQ or MCESD (if regulated by MCESD), if the system intends to provide treatment for *Cryptosporidium*, instead of conducting *E. coli* or *Cryptosporidium* sampling. |

|  |  |
| --- | --- |
| **Notice of Intent to provide treatment for *Cryptosporidium*:**   * Public Water Systems (PWSs) that choose to provide the maximum level of treatment (5.5 log of removal/inactivation) for *Cryptosporidium* rather than start source water monitoring, must submit written notification to ADEQ or MCESD, no later than [insert due date from checklist]. * Alternatively, a PWS may choose to stop *E. coli* or *Cryptosporidium* sampling at any point after it has initiated sampling if the system provides written notification to ADEQ or MCESD, stating that the system will provide this level of treatment. * Systems must notify ADEQ or MCESD as soon as possible after they have elected to provide treatment. **This form is an example of the necessary written notification.** PWSs must install and operate technologies to provide this level of treatment by [insert due date from checklist], unless an extension is granted in writing by ADEQ or MCESD. | |
| **Planned date of treatment compliance**: | |
| **Planned treatment to achieve compliance**: | |
| **Yes  No** | **I understand the treatment requirements that my PWS is required to meet and I am aware that the deadline for providing treatment is [insert date], unless my PWS requests an extension in writing to make capital improvements, and ADEQ or MCESD grants the extension in writing.** |
| **Yes  No** | **I have discussed these requirements with an ADEQ or MCESD representative.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Certification of information contained in this form.** | | | |
| Printed Name |  | Date |  |
| Signature |  | Phone Number |  |

**Submit the completed form to the system’s regulatory agency:**

**LT2 Rule Specialist** **Manager**

**Drinking Water Monitoring and Protection Unit** **Safe Drinking Water Program**

Arizona Department of Environmental Quality Maricopa County Environmental Services Department

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