|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PWS ID #** |  | | **PWS Name** |  | | | **Month/Year Reported**: |  |
| **Contact Name** |  | | **E-Mail Address** |  | | | **PWS Contact Phone #** |  |
| **Treatment Plant Surface Water (TPSW) ID#** | |  | | | **TPSW Name** |  | | |
| Plant operated entire calendar month and sampled according to schedule. | | | | | Plant operated entire calendar month and sampled outside of 5 day window.◊ | | | |
| Plant operated partial calendar month and sampled according to schedule. | | | | | Plant operated partial calendar month and sampled outside of 5 day window.◊ | | | |
| Plant did not operate any day of this calendar month due to normal events.\* | | | | | Plant did not operate any day of this calendar month 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. | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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/Time | Sample Type | | | | Analysis Run Date/Time | | | Volume Filtered to nearest ¼ L | 100% Volume **or** % Examined | | | Method Number | | # of Oocysts | | | # of Oocysts per Liter | | | Matrix Spike Oocysts Spiked |
| Field | | Matrix Spike | |
|  |  | |  |  | |  | |  | | |  | Yes  or \_\_\_\_\_% | | |  | |  | | |  | | |  |
|  |  | |  |  | |  | |  | | |  | Yes  or \_\_\_\_\_% | | |  | |  | | |  | | |  |
| **Laboratory Analysis Results for *E. coli*** | | | | | | | | | | | | | | | | | | | | | | | |
| Specimen Number | Lab ID | | Sample Date/Time | Check Source Type | | | | | | Analysis Run Date/Time | | | | Method Type | | | | Method Number | | | *E. coli* per 100 mL | | |
|  |  | |  | Flowing Stream/Canal  Lake/Reservoir  GUDI | | | | | |  | | | |  | | | |  | | |  | | |
| |  | | --- | | **Field or Lab Analysis Results for Turbidity** | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter For Lab Analysis Only | | | Check Source Type | | | | Source of Turbidity Measurement | | | | | | Turbidity Analysis Date/Time | | | Method Number | | | | | | Turbidity (NTU) | |
| Specimen Number | Lab ID | |
|  |  | | Flowing Stream/Canal  Lake/Reservoir  GUDI | | | | Laboratory Analysis  Field Measurement  Plant In-Line Average | | | | | |  | | |  | | | | | |  | |
| **Laboratory Information** (to be completed by laboratory personnel) | | | | | | | | | | | | | | | | | | | | | | | |
| Certified Lab ID# | |  | | | Lab Name | | | |  | | | | | Lab Contact (print name) | | | | |  | | | | |
| Date Lab Notified PWS | |  | | | Lab Phone # | | | |  | | | | | Lab Contact Signature | | | | |  | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | |

**Please send completed form to ADEQ via mail, fax or e-mail**

**Mail**: Arizona Department of Environmental Quality, 1110 W. Washington St., Mail Code 5415 B-2, Phoenix, AZ 85007

**Fax**: 602-771-4634 **or** 602-771-4505 **E-mail**: <lt2rule@azdeq.gov>