|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.  |

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| **Laboratory Analysis Results for *Cryptosporidium*** (if 40 CFR § 141.706 (1) (ii) and/or (iii) applies, enter in comments section) |
| SpecimenNumber | 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 |  |  |  |  |
|

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| --- |
| **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>