



Long Term 2 Enhanced Surface Water Treatment Rule Sampling Sites

Instructions: Source water samples must be collected from each plant intake. Samples must be taken prior to chemical treatment and point of backwash water addition. For more than 4 sources make additional copies of this form. **Include a schematic of the intake(s) identifying raw water source, intake, sampling site, re-entry of recycle backwash water, pretreatment etc.**

County: _____
PWS ID: OK

System Name: _____
 Mailing Address: _____ City: _____ State: __ Zip: _____
 Contact Name: _____ Contact Phone Number: _____
 Contact Email: _____

	Source 1	Source 2 (if applicable)
1. Raw Water Source Name		
2. State Assigned ID No. (ex. IN001)		
3. Source Type	<input type="checkbox"/> Flowing Stream <input type="checkbox"/> Lake/Reservoir	<input type="checkbox"/> Flowing Stream <input type="checkbox"/> Lake/Reservoir
4. Usage	<input type="checkbox"/> All year <input type="checkbox"/> Seasonal <input type="checkbox"/> Emergency	<input type="checkbox"/> All year <input type="checkbox"/> Seasonal <input type="checkbox"/> Emergency
5. Proportion of typical daily flow: (If only 1 source, 100%)		
6. Pretreatment Practices If yes, indicate location on schematic	<input type="checkbox"/> Presedimentation <input type="checkbox"/> Bank Filtration <input type="checkbox"/> Off- stream Storage	<input type="checkbox"/> Presedimentation <input type="checkbox"/> Bank Filtration <input type="checkbox"/> Off- stream Storage
7. Recycling Practices: If yes, indicate location on schematic	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
8. Chemical Pretreatment: If yes, indicate location on schematic	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No

	Source 3 (if applicable)	Source 4 (if applicable)
1. Source Name (Facility Name)		
2. State Assigned ID No. (ex. IN001)		
3. Source Type	<input type="checkbox"/> Flowing Stream <input type="checkbox"/> Lake/Reservoir	<input type="checkbox"/> Flowing Stream <input type="checkbox"/> Lake/Reservoir
4. Usage	<input type="checkbox"/> All year <input type="checkbox"/> Seasonal <input type="checkbox"/> Emergency	<input type="checkbox"/> All year <input type="checkbox"/> Seasonal <input type="checkbox"/> Emergency
5. Proportion of typical daily flow: (If only 1 source, 100%)		
6. Pretreatment Practices: If yes, indicate location on schematic	<input type="checkbox"/> Presedimentation <input type="checkbox"/> Bank Filtration <input type="checkbox"/> Off- stream Storage	<input type="checkbox"/> Presedimentation <input type="checkbox"/> Bank Filtration <input type="checkbox"/> Off- stream Storage
7. Recycling Practices: If yes, indicate location on schematic	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
8. Chemical Pretreatment: If yes, indicate location on schematic	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No



Long Term 2 Enhanced Surface Water Treatment Rule Sampling Schedule

System Name: _____ PWS ID: OK

Lab Name: _____

Lab Contact Name: _____ Lab Phone Number: _____

Lab Email: _____

- Instruction: 1. Indicate all dates, which you plan to collect samples for once a month for 24 months.
 2. Check the two months, which additional matrix spiked sample will be collected.

Sample Number	Matrix Spike	Sample Date (MM/DD/YYYY)
1	<input type="checkbox"/>	
2	<input type="checkbox"/>	
3	<input type="checkbox"/>	
4	<input type="checkbox"/>	
5	<input type="checkbox"/>	
6	<input type="checkbox"/>	
7	<input type="checkbox"/>	
8	<input type="checkbox"/>	
9	<input type="checkbox"/>	
10	<input type="checkbox"/>	
11	<input type="checkbox"/>	
12	<input type="checkbox"/>	
13	<input type="checkbox"/>	
14	<input type="checkbox"/>	
15	<input type="checkbox"/>	
16	<input type="checkbox"/>	
17	<input type="checkbox"/>	
18	<input type="checkbox"/>	
19	<input type="checkbox"/>	
20	<input type="checkbox"/>	
21	<input type="checkbox"/>	
22	<input type="checkbox"/>	
23	<input type="checkbox"/>	
24	<input type="checkbox"/>	

Additional Information: _____

The information submitted on this form is correct to the best of my knowledge:

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Please submit the complete sample site form, sample schedule and schematic to Drinkingwater@deq.ok.gov. Remember to keep a copy of all documents for your record. DEQ will send you a letter once your LT2 sampling plan has been approved.

Sample Plan Approved by DEQ: _____ Date: _____