



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

	Source 3 (if applicable)	Source 4 (if applicable)
<b>1. Source Name</b> (Facility Name)		
<b>2. State Assigned ID No.</b> (ex. IN001)		
<b>3. Source Type</b>	Flowing Stream Lake/Reservoir	Flowing Stream Lake/Reservoir
<b>4. Usage</b>	All year Seasonal Emergency	All year Seasonal Emergency
<b>5. Proportion of typical daily flow:</b> (If only 1 source, 100%)		
<b>6. Pretreatment Practices:</b> If yes, indicate location on schematic	Presedimentation Bank Filtration Off- stream Storage	Presedimentation Bank Filtration Off- stream Storage
<b>7. Recycling Practices:</b> If yes, indicate location on schematic	Yes	Yes
	No	No
<b>8. Chemical Pretreatment:</b> If yes, indicate location on schematic	Yes	Yes
	No	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: Indicate all dates, which you plan to collect samples every two weeks for 12 months.

Sample Number	Sample Date (MM/DD/YYYY)	Sample Number	Sample Date (MM/DD/YYYY)
1		14	
2		15	
3		16	
4		17	
5		18	
6		19	
7		20	
8		21	
9		22	
10		23	
11		24	
12		25	
13		26	

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](mailto: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: \_\_\_\_\_