**Instructions:** Fill out Sections I through III. In Section II, if a field does not apply, leave it blank. Attach laboratory forms. Send results to your regional MassDEP office attention DWP/LT2ESWTR, no later than 10 days after the end of the first month following the month when the sample is collected. For an Excel version of this form, visit: [http://www.mass.gov/eea/agencies/massdep/water/approvals/lt2-swtrs.html.](http://www.mass.gov/eea/agencies/massdep/water/approvals/lt2-swtrs.html)

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| **I. PWS INFORMATION** |
| PWS Name: | City/Town: | PWS ID: |
| PWS Address: | Schedule: 3 |
| Facility ID: | Date Submitted: /\_ /\_  |
| METHODS**: *Cryptosporidium*** (e.g., EPA 1623.1) **Turbidity** ***E. coli*** :  |
| **II. SAMPLE RESULT INFORMATION** |
| ***Cryptosporidium*** | **Turbidity** | ***E. coli*** |
| **Location**(PWS Sample ID) | **Source Type:** Flowing stream (FS), Lake-Reservoir (LR),GWUDI, etc.) | **Sample****Type** (Field Sample (FS) or Matrix Spike (MS) | **Sample Date** (mm/dd/yyyy) | **Filter****Type** | **Volume****Filtered (L)** | **# Filters Used** | **# Sub- samples Examined** | **# Crypto. Observed** | **Total Sample Vol. Examined (L)** | **Crypto. Oocysts per****Liter** | **Testing****Lab** | **Lab****Sample ID** | **Turbidity** | ***E. coli*****per****100 ml** |
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| **III. CERTIFICATION** |
| I certify under penalty of law that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge and belief.Print Name: Title: Signature: Date: Phone #: ( ) - Email:  |
| **lV. FOR MassDEP/DWP USE ONLY** |
| Received by MassDEP on:Check one () Entered in WQTS:  Yes  NoAccepted:  Other Database: Comments: |