**TCEQ LT2 Program**

**Sampling Location Worksheet**

Long Term 2 Enhanced Surface Water Treatment Rule

|  |  |
| --- | --- |
| **PWS Name:** |  |
| **PWS ID:** |  |
| **Water Treatment Plant Name:** |  |
| **Water Treatment Plant ID:** |  |
| **Contact Name (Please Print or Type):** |  |
| **Contact Phone Number with Area Code:** |  |

See [www.dww2.tceq.texas.gov/DWW/](http://www.dww2.tceq.texas.gov/DWW/) for official TCEQ names and ID numbers.

|  |  |  |
| --- | --- | --- |
| **1. Source Name** | **Source 1**      | **Source 2**      |
| **2. Source Type**Surface Water OR GUI - Ground Water Under the Influence of Surface Water ORRain Water Collection |   |  |
| **3. Source Water Sample Location ID** |  |  |
| **4. Usage**Permanent – almost all the timeInterim – a few times a yearEmergency – less than one time/year |  |  |
| **5. Proportion** of typical daily flow (If only 1 source, 100%) | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| **6. Pretreatment Practices**NonePresedimentationBank filtrationOther – write in |  |  |
| **7. Recycle Backwash Water?**If yes, indicate where recycled backwash water re-enters the treatment process on the schematic |

|  |
| --- |
|[ ]  **YES** |
|[ ]  **NO** |

Click the Yes or No Box or write “X” in the Yes or No Box |

|  |
| --- |
|[ ]  **YES** |
|[ ]  **NO** |

Click the Yes or No Box or write “X” in the Yes or No Box |
| **8. Chemical Pretreatment?**If yes, indicate location on schematic |

|  |
| --- |
|[ ]  **YES** |
|[ ]  **NO** |

Click the Yes or No Box or write “X” in the Yes or No Box |

|  |
| --- |
|[ ]  **YES** |
|[ ]  **NO** |

Click the Yes or No Box or write “X” in the Yes or No Box |

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Long Term 2 Enhanced Surface Water Treatment Rule

|  |  |  |
| --- | --- | --- |
| **1. Source Name** | **Source 3**      | **Source 4**      |
| **2. Source Type**Flowing Stream \*Lake/Reservoir \*\*GUI - Ground Water Under the Influence of Surface Water  |  |  |
| **3. Source Water Sample Location ID** |  |  |
| **4. Usage**Permanent – almost all the timeInterim – a few times a yearEmergency – less than one time/year |  |  |
| **5. Proportion** of typical daily flow (If only 1 source, 100%) | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| **6. Pretreatment Practices**NonePresedimentationBank filtrationOther – write in |  |  |
| **7. Recycle Backwash Water?**If yes, indicate where recycled backwash water re-enters the treatment process on the schematic |

|  |
| --- |
|[ ]  **YES** |
|[ ]  **NO** |

Click the Yes or No Box or write “X” in the Yes or No Box |

|  |
| --- |
|[ ]  **YES** |
|[ ]  **NO** |

Click the Yes or No Box or write “X” in the Yes or No Box |
| **8. Chemical Pretreatment?**If yes, indicate location on schematic |

|  |
| --- |
|[ ]  **YES** |
|[ ]  **NO** |

Click the Yes or No Box or write “X” in the Yes or No Box |

|  |
| --- |
|[ ]  **YES** |
|[ ]  **NO** |

Click the Yes or No Box or write “X” in the Yes or No Box |