**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 OR  Rain Water Collection |  |  |
| **3. Source Water Sample Location ID** |  |  |
| **4. Usage**  Permanent – almost all the time  Interim – a few times a year  Emergency – less than one time/year |  |  |
| **5. Proportion** of typical daily flow  (If only 1 source, 100%) | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| **6. Pretreatment Practices**  None  Presedimentation  Bank filtration  Other – 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 time  Interim – a few times a year  Emergency – less than one time/year |  |  |
| **5. Proportion** of typical daily flow  (If only 1 source, 100%) | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| **6. Pretreatment Practices**  None  Presedimentation  Bank filtration  Other – 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 |