**TCEQ LT2 Program**

**Sampling Schedule – Schedule 4, E. coli**

Long Term 2 Enhanced Surface Water Treatment Rule

All sample dates need to be in Month-Day-Year format (e.g., 10/7/2015, October 7, 2015,). If your sampling period is one year, please try to choose consecutive sample dates that are 2 weeks apart. If your sampling period is two years, please try to choose sample dates that are once a month. Either sampling period requires that a total of 26 samples. Please look at your dates and make sure you are not planning to collect samples on holidays or other days that will make sample collection and sample analysis impractical.

Please try to collect samples within a two-day window on either side of the dates you specify to actually take your samples. For example, if you have a sample date of October 7, 2015, collect your sample any time between October 5th and October 9th, 2015. However, you must take the sample in time to get it submitted to the lab. Please consult with your lab to see when they will actually ACCEPT your samples.

|  |  |
| --- | --- |
| **PWS Name:** |  |
| **PWS ID:** |  |
| **Lab Name (*E. coli*)\*\*:** |  |

(\*\*)Must be TCEQ or NELAP approved. If analyses are performed in-house for SWMOR reporting, then you are approved for reporting turbidity for the LT2 Program. If samples are sent to a contract laboratory, the laboratory must be NELAP accredited.

|  |  |
| --- | --- |
| **Sample #** | **Sample Date** |
| **1** |   |
| **2** |   |
| **3** |   |
| **4** |   |
| **5** |   |
| **6** |   |
| **7** |   |
| **8** |   |
| **9** |   |
| **10** |   |
| **11** |   |
| **12** |   |
| **13** |   |
| **14** |   |
| **15** |   |
| **16** |   |
| **17** |   |
| **18** |   |
| **19** |   |
| **20** |   |
| **21** |   |
| **22** |   |
| **23** |   |
| **24** |   |
| **25** |   |
| **26** |   |