



ENVIRONMENTAL CONSERVATION

Drinking Water and Groundwater Protection Division

FORM
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### Long-Term 2 Enhanced Surface Water Treatment (LT2) Sampling Plan

To be completed by any public drinking water system (C, NTNC, or TNC) that serves a population under 10,000 with one or more sources from surface water (SW) or groundwater under direct influence of surface water (GWUDI). These systems are required to monitor all raw water SW or GWUDI sources for *E. coli* every two weeks for one year. Seasonal systems must sample every two weeks for an entire operating season.

**Submission deadline: July 1, 2017. Describe the sample location below and sample dates on the next page.** The Division will send a plan approval letter or provide suggestions for revision and resubmission. Keep your approval letter and a copy of your plan on file at your system. Draft LT2 monitoring schedules at <https://anrweb.vt.gov/DEC/DWGWP> will be updated when the LT2 Sampling Plan is approved.

**Raw water sample location(s):** All SW and GWUDI sources must be included in one or more Sampling Plans. Samples must represent routine operation and be taken prior to chemical treatment and backwash water addition. If your system has more than one SW or GWUDI source but a combined raw water tap is available, sample there. If multiple SW or GWUDI sources don't all combine prior to a sample tap (due to separate treatment plants or system construction), you will need to sample at two or more raw water taps to include all sources. Complete a sampling plan for each raw water sampling location with the same dates.

<b>Water System Name:</b>	<b>WSID #</b>
<p><b>Sample location description.</b> You may also attach other maps or diagrams.</p> <p><u>Water sources included at this raw water tap:</u> (e.g., intake from Lake Champlain; combined raw water from Smith Lake and Jones Stream intakes; combined raw water from all GWUDI springs)</p> <p><u>Sample Tap Location:</u> <input type="checkbox"/> No backwash water, or prior to point of filter backwash water addition.  <input type="checkbox"/> Prior to all chemical treatment (coagulants, oxidants, disinfectants, etc.).  <input type="checkbox"/> After chemical treatment. Describe below (requires state approval):</p>	

Signature / Certification	
<p>I hereby certify that I am the person authorized to fill out this application and that the information contained herein is true, accurate, and complete to the best of my knowledge and ability at the time it was completed.</p> <p>Printed Name: _____ Signature: _____</p> <p>Date: _____ Title (check one): <input type="checkbox"/> <b>Operator</b> <input type="checkbox"/> <b>Administrative Contact</b></p> <p><b>Fax or Mail</b> the completed form to: (Emailed forms cannot be accepted)</p> <p>Fax: 802-828-1541</p> <p style="text-align: right;">VT DEC Drinking Water &amp; Groundwater Protection Div. ATTN: LT2 Rule Coordinator, Amy Galford 1 National Life Dr, Main Bldg, 2<sup>nd</sup> Floor Montpelier VT 05620-3521</p> <p style="text-align: center;">This application and related environmental information are available online: <a href="http://dec.vermont.gov/water">http://dec.vermont.gov/water</a></p>	

