

Long Term (LT)2 Cryptosporidium Report Form

You are not required to use this form; it is provided for your convenience.

Systems may submit other forms prepared by other entities or a letter, as long as the required information is included.

PWS ID: _____
PWS NAME: _____
PWS Facility ID: _____

SAMPLE SITE ID #: _____
SAMPLE SITE NAME: _____
LAB ID: _____

SOURCE WATER TYPE (check one):

FREE FLOWING: ☐ LAKE/RESERVOIR: ☐

	Collection Date (MM/DD/YYYY)	Collection Time (24 hr)	Lab Sample ID	KY Crypto Method Code	Sample Type F= field MS=matrix spike	Sample Volume (L) (nearest ¼ L)	100% of Filtered Volume Examined? (Y or N)	If < 100% Filtered, Volume Filtered (L)	Packed Pellet Volume (If < 10 L or <100% is filtered)	# of Oocysts Spiked	Sample Volume Spiked (L)	# of Oocysts Counted
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
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26												

Cryptosporidium Methods	KY Method Code
EPA 1622	975
EPA 1623	976

Bin Classification