



Complete this form and submit along with your EDDs. Fields with an **asterisk (*)** are required.

1520 East Sixth Avenue Helena, Montana 59620-0901 Phone: 406-247-4436 www.deq.mt.gov

Date*:	Additional Comments:
Name*:	
Company*:	
E-mail*:	
Phone*:	
DEQ Contract Information Associated with*: Contract Volunteer Monitoring	
If Contract, complete the following: DEQ Contract Third Party Contract	
Contract #:	
Task Order #:	
DEQ Project Manager:	
Final EDD Submittal for Contract? Yes No	
EDD Submittal of	
EDD .zip File Name (to be submitted via FTS)*:	
Type of Data Submitted* ☐ New Project	
☐ New Stations	
Field: Field Measurements (pH, DO, etc.) Habitat Assessments Other	
Chemistry: Water Chemistry Results Sediment Chemistry Results Chlorophyll Results Other	
Biological: Macroinvertebrate Results Periphyton Results Index and Metric Results Other	
Attached Documents (BLOBs): Project (QAPP/SAP) Stations (maps) Activities (habitat forms) Results (data loggers)	
Data Provider EDD Review Checklist*: This checklist must be completed before EDDs will be accepted by DEQ.	
Data passes QC requirements identified in Section 4.1 of the MT-eWQX Guida	ince Manual.
EDDs imported into standalone EDP error-free.	
Project documents submitted to WQ Data Manager, including project QAPP or SAP, data quality summary, and QC checklist.	
I certify that the information on this form and EDD are true and correct. Sign	nature (type name):
Internal Use Only (Final task acceptance and payment approval is done by	the DEQ Project Manager.)
Date Received by DEQ:	, ·
Submittal Form complete	
EDD(s) imported into EDP error-free	
EDD(s) loaded into EQuIS database successfully EQuIS eBatch #(s):	
Data passes QC requirements identified in Section 4.1 of the MT-eWQX Guida	nnce Manual
Data <u>accepted</u> by WQ Data Manager and marked as Final in EQuIS Sign Comments:	nature (type name):