

MT-eWQX Data Submittal Form

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

Check if response to Call for Data

Date*: _____
Name*: _____
Company*: _____
E-mail*: _____
Phone*: _____

Additional Comments:

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 filename: _____

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 4.0 of the MT-eWQX Guidance Manual.

EDDs imported into standalone EDP error-free.

Project documents submitted to WQ Data Manager, including project QAPP or SAP, final EDD, and this form.

I certify that the information on this form and EDD are true and correct. Signature (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 4.0 of the MT-eWQX Guidance Manual

Data accepted by WQ Data Manager and marked as Final in EQUIS Signature (type name): _____

Comments: