

INDIVIDUAL FILTER TURBIDITY MONITORING REPORT

(Systems Serving $\geq 10,000$ People)

PWS NAME _____ MONTH _____ YR _____

PWS ID # _____ WTP NAME _____

Total # of Filters at WTP _____ Total # of Filters in service during the month _____

Note: Individual Filters must be monitored continuously, results recorded every 15 minutes and maintained for 3 years.

Provide the filter # of each filter in service during the month. _____

List filter # of any filter(s) **not** continuously monitored using on-line turbidity meter. _____ (Attach reason.)

Did you have a failure of any on-line turbidity meter? Yes _____ No _____ Number of days off-line? _____

Note: If individual filter turbidity monitor fails you must conduct grab samples every four hours and record results.

The individual filter turbidity monitor must be repaired and placed back on-line within 5 working days.

Were any trigger levels exceeded? Yes _____ No _____ If yes, complete the applicable sections below.

Filter #	Value in NTU of Turbidity Measurements > 1.0 in 2 Consecutive Measurements Taken 15 Minutes Apart -- <u>During Normal Operation</u>			Conduct a Filter Profile Within 7 Days of the Exceedance(s) or Determine Obvious Reason for Abnormal Filter Performance (Attach Filter Profile Report or Attach Report Outlining Obvious Reason for Exceedance)	
	Date	Initial Reading Exceeding 1.0	2nd Reading Exceeding 1.0	Date Profile Conducted	Date Obvious Reason for Exceedance Determined

Filter #	Value in NTU of Turbidity Measurements > 1.0 in 2 Consecutive Measurements Taken 15 Minutes Apart -- <u>At Any Time In Each of Three Consecutive Months</u>						Conduct a Self-Assessment of the Filter Within 14 Days of the Exceedance
	Turbidity Exceeding 1.0 NTU						(Attach Report of Filter Assessment)
	1st Month		2nd Month		3rd Month		
	Date	Value	Date	Value	Date	Value	Date Completed

The above figures are true and accurate to the best of my knowledge.

SIGNATURE _____ POSITION _____

INDIVIDUAL FILTER TURBIDITY MONITORING REPORT

PWS NAME _____ MONTH _____ YR _____
 PWS ID # _____ WTP NAME _____

Filter #	Value in NTU of Turbidity Measurements > 0.5 in 2 Consecutive Measurements Taken 15 Minutes Apart -- <u>At the End of the First 4 Hours of Continuous Filter Operation After the Filter Has Been Backwashed or Otherwise Taken Off Line</u>			Conduct a Filter Profile Within 7 Days of the Exceedance(s) or Determine Obvious Reason for Abnormal Filter Performance (Attach Filter Profile Report or Attach Report Outlining Obvious Reason for Exceedance)	
	Date	Initial Reading Exceeding 0.5	2nd Reading Exceeding 0.5	Date Profile Conducted	Date Obvious Reason for Exceedance Determined

Filter #	Value in NTU of Turbidity Measurements > 2.0 in 2 Consecutive Measurements Taken 15 Minutes Apart -- <u>At Any Time In Each of Two Consecutive Months</u>				Within 30 Days of the Exceedance the System Must Arrange Through the ADH to Have a CPE Conducted (Within 90 Days of the Exceedance a CPE Must Be Completed and the CPE Report Submitted to the ADH)	
	Turbidity Exceeding 2.0 NTU				Date CPE Arrangements Completed	Date CPE Completed and Report Submitted to ADH
	1st Month		2nd Month			
	Date	Value	Date	Value		

The above figures are true and accurate to the best of my knowledge.

SIGNATURE _____ POSITION _____

Make a copy for your records & return by the 10th of the following month to:

ENGINEERING SECTION, SLOT 37
 ARKANSAS DEPARTMENT OF HEALTH
 4815 W MARKHAM ST
 LITTLE ROCK, AR 72205