

**IESWTR MONTHLY REPORT TO EPA FOR COMPLIANCE DETERMINATION
CONVENTIONAL OR DIRECT FILTRATION SYSTEMS SERVING 10,000 or more**

(Due to EPA by 10th day of the following month)

Month _____ System/Treatment Plant _____ PWSID _____
Year _____ Type of Filtration _____

Combined Effluent Turbidity Performance Criteria (DATA ON PAGE 2)

- A. Total number of combined effluent filtered water turbidity measurements made = _____
- B. Total Number of combined effluent filtered water turbidity measurements that are less than or equal to **0.3** NTU = _____
- C. The percentage of turbidity measurements meeting the specified limits = $B/A \times 100 = \frac{\text{_____}}{\text{_____}} \times 100 = \text{_____}\%$
- D. Record the date and turbidity value for any measurements exceeding **1** NTU: if none, enter "none"

Time and Date of Exceedance	Highest Turbidity (NTU)	Time and Date EPA Was Notified

- E. In addition to submitting the attached monitoring report for Individual Filter (IF) monitoring, include the status of any filter profiles, self-assessments, and Comprehensive Performance Evaluation reports which were required.

Disinfection Performance Criteria

- A. **Point-of-Entry** Minimum Disinfectant Residual Criteria

The minimum residual concentration must not drop below **0.2** mg/L OR the higher value (>0.2 mg/L) needed each day for adequate inactivation of Giardia and viruses.

Date	Minimum Disinfectant Residual at Point of Entry to Distribution System (mg/L)	Date	Minimum Disinfectant Residual at Point of Entry to Distribution System (mg/L)	Date	Minimum Disinfectant Residual at Point of Entry to Distribution System (mg/L)
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	
				31	

Days the POE Residual Was < 0.2 mg/L		
Time/Day	Duration of Low Level (indicate the hrs)	Time and Date Reported to EPA

- B. **Distribution System** Disinfectant Residual Criteria MEASURED WHEN TAKING TCR (BACT) SAMPLES

A = # of samples this month that disinfectant residual was measured in distribution system = _____

C = # of samples this month that disinfectant residual was NOT detected when you measured = _____

$V = C / A * 100 = \text{_____}\%$ For the previous month, $V = \text{_____}\%$

Prepared by _____ Date _____

**MONTHLY REPORTING SHEET FOR COMBINED FILTER EFFLUENT (CFE) TURBIDITY
CONVENTIONAL OR DIRECT FILTRATION SYSTEMS**

MONTH _____ SYSTEM NAME _____

YEAR _____ PWS ID# _____

REQUIRED # OF 4-HOUR TURBIDITY READINGS/DAY = _____ (UNLESS PLANT OFF – INDICATE “PO” IN EACH CELL)

**REPORT MAXIMUM TURBIDITY READING THAT DAY, EVEN IF IT WAS BETWEEN 4 HOUR READINGS

DO NOT REPORT RESULTS COLLECTED DURING BACKWASH, FILTER-TO-WASTE, OR ANY TIME WATER IS NOT BEING PRODUCED FOR CONSUMPTION

DATE	1 ST (NTU)	2 ND (NTU)	3 RD (NTU)	4 TH (NTU)	5 TH (NTU)	6 TH (NTU)	** DAILY MAX (NTU)
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DATE OF LAST CALIBRATION OF CFE TURBIDIMETER _____

Monthly Report to the Primacy Agency for Individual Filter (IF) Turbidity Monitoring

This report is only required for a PWS that utilizes conventional or direct filtration and serves > 10,000 people. These PWSs must record the turbidity from every filter every 15 minutes. Grab sampling every 4 hrs is allowed if the continuous IF turbidimeter fails but for no more than 5 working days. Report is due within 10 days of the next month.

Date which the IF turbidimeters were last calibrated _____

Month: _____ Year: _____ System/Treatment Plant _____

PWSID # _____ Prepared By _____

	List all filters* that exceeded turbidity levels of .5 NTU after 4 hrs., 1.0 NTU and 2.0 NTU in 2 consecutive IF readings taken 15 minutes apart.	If 1.0 NTU** was exceeded was a filter profile completed within 7 days?.	If 0.5 NTU** was exceeded 4 hrs after a backwash or filter startup was a filter profile completed within 7 days?	If 1.0 NTU*** was exceeded in the same filter 3 months in a row was a self assessment completed in 14 days?	If 2.0 NTU*** was exceeded in the same filter 2 months in a row was a 3 rd party CPE arranged in 30 days and completed & submitted in 90 days?
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2					
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* For each filter, attach information identifying those turbidity readings (at 15 min. apart) that caused the exceedance (s).

** If the IF exceedance(s) was caused by obvious reasons (e.g. valve malfunction, etc.) submit written explanation describing the situation that caused the turbidity exceedance.in lieu of the filter profile

*** If a PWS has reported an obvious reason for an exceedance in column 3 & 4 it does not count in one of the consecutive months.