

# INDIVIDUAL FILTER TURBIDITY MONITORING REPORT

(Systems Serving <10,000 People)

REPORT FOR PWS \_\_\_\_\_ 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 results 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 with in 14 days.*

Did any trigger levels occur? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the applicable sections below.

Filter #	<b>Trigger Level 1</b>						Conduct a Self-Assessment of the Filter(s) Within <b>14</b> Days of an Exceedance
	Turbidity Value(s) of > <b>1.0</b> NTU in 2 Consecutive Measurements Taken 15 Minutes Apart						
	(Note record all trigger values below, even if for one or two months.)						(Note: An Exceedance exists when Tigger Level 1 occurs in Each of <u>Three</u> Consecutive Months)
	Turbidity Exceeding <b>1.0</b> NTU						
1st Month		2nd Month		3rd Month		Date Completed	
Date	Value	Date	Value	Date	Value		

Filter #	<b>Trigger Level 2</b>				Within <b>60</b> Days of the Exceedance the System Must Arrange Through the ADH to Have a CPE Conducted	
	Turbidity Value(s) of > <b>2.0</b> NTU in 2 Consecutive Measurements Taken 15 Minutes Apart				(Note: An Exceedance exists when the Tigger Level 2 occurs in Each of <u>Two</u> Consecutive Months)	
	(Note record all trigger values below, even if for one month.)				<b>(Within 120 Days of the Exceedance a CPE Must Be Completed and the CPE Report Submitted to the ADH)</b>	
	Turbidity Exceeding <b>2.0</b> 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:

ARKANSAS DEPT. OF HEALTH  
 ENGINEERING SECTION  
 4815 W MARKHAM ST - Slot 37  
 LITTLE ROCK, AR 72205-3867