LT1SWTR MONTHLY REPORT TO EPA FOR COMPLIANCE DETERMINATION
MEMBRANE FILTRATION SYSTEMS (MF, UL, RO)
(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 x 100= _____/_____ x 100 = _____%

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

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 = _____ % For the previous month, V = _____%

Prepared by _____ Date_____

MONTHLY REPORTING SHEET FOR **COMBINED FILTER EFFLUENT (CFE) TURBIDITY**
MEMBRANE FILTRATION SYSTEMS (MF, UL, RO)

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	1ST (NTU)	2ND (NTU)	3RD (NTU)	4TH (NTU)	5TH (NTU)	6TH (NTU)	**DAILY MAX (NTU)
1							
2							
3							
4							
5							
6							
7							
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DATE OF LAST CALIBRATION OF CFE TURBIDIMETER _____

DATA SHEET FOR INDIVIDUAL MEMBRANE UNIT
DAILY DIRECT INTEGRITY (DI) TESTS AND REPAIRS
(FILL OUT ONE PAGE PER UNIT/SKID)

MONTH _____ PWSID # _____
YEAR _____ PWS NAME _____
MEMBRANE UNIT # _____

Date	Daily DI Test Successful (Indicate Y/N Within Control Limit?)	Describe Results of Triggered** or Unsuccessful DI Tests and any Corrective Actions Taken (Diagnostic tests, module repairs or replacements). Identify serial # of module ** Two 15-min consecutive filtrate turbidity readings exceeding 0.15 NTU triggers DI test – based on turbidity when water is being produced for consumption
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If Plant Not Operating Indicate “PO”

Date of Last Chemical Cleaning (CIP) of the Membrane Unit _____

Was DI Test Acceptable After Cleaning? _____

Date of last Calibration of Individual Unit Filtrate Turbidimeter(s) _____