LT1SWTR MONTHLY REPORT TO EPA FOR COMPLIANCE DETERMINATION
CONVENTIONAL OR DIRECT FILTRATION SYSTEMS SERVING <10,000
(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

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

<u>Disinfection Performance Criteria</u>

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**
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	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 _____

LT1 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 (or Combined Filter Effluent may be measured every 15 minutes, in lieu of IFE, if there are two or less filters). Grab sampling every 4 hrs is allowed if the continuous IF turbidimeter fails but for no more than 14 working days. Report is due within 10 days of the next month.

Date on which the IF turbidimeters were last calibrated _____

Month _____ Year _____ System/Treatment Plant _____

PWSID # _____ Prepared By _____

Day	List all filters* that exceeded turbidity levels of 1.0 NTU, in 2 consecutive IF readings taken 15 minutes apart.	List all filters* that exceeded turbidity levels of 2.0 NTU, in 2 consecutive IF readings taken 15 minutes apart.	If 1.0 NTU** was exceeded in 2 consecutive IF readings 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 3rd party CPE arranged in 60 days and completed & submitted in 120 days?
1				
2				
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*For each filter, attach LT information identifying those turbidity readings (at 15 min. apart) that caused the exceedance (s). Indicate if the exceedance(s) were caused by obvious reasons (e.g. valve malfunction, etc.) and provide written explanation describing the situation that caused the turbidity exceedance.

**If a PWS has reported an obvious reason for an exceedance in column 2 & 3, it does not count in consecutive months.