

**Supplemental Reporting - Individual Filter Turbidity for Conventional, Direct, or In-line Filters**

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| --- | --- | --- | --- |
| System I.D. #: Click to enter text. | Treatment Plant #: Click to enter text. | Reporting Period Month/Year: Click to enter text. | |
| System Name: Click to enter text. | | | County: Click to enter text. |

|  |  |
| --- | --- |
| Did you monitor the effluent turbidity of each individual filter on a continuous basis? |  |

Check the appropriate box below for any turbidity exceedances that occurred, provide specific filter information, and attach a description of follow-up status. Use multiple forms if more than one filter had an exceedance.

**Did the filtered water turbidity in any individual filter exceed:**

|  |  |
| --- | --- |
| 1. **1.0 NTU** in 2 consecutive measurements taken 15 minutes apart? |  |
| 1. **0.5 NTU** in 2 consecutive measurements at the end of 4 hours of operation after backwashing or taking off-line (for systems serving 10,000 persons or more)? |  |
| 1. **1.0 NTU** in 2 consecutive measurements (15 minutes apart) for 3 consecutive months? *- Failure #1 above happening in the same filter in 3 consecutive months* |  |
| 1. **2.0 NTU** in 2 consecutive measurements for 2 consecutive months? *(in the same individual filter)* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Filter Number | Turbidity Measurement(s) | Date(s) | Attach Description of Follow-up Status |
| Click to enter text. | Click to enter text. | Click to enter text. |

**Required Follow-up action for exceedance cases listed above:**

|  |  |  |  |
| --- | --- | --- | --- |
| **First for All Cases (1-4 above): Record Filter Number, Turbidity Measurement (s), Date(s), Then:** | | | |
| **Case (1) for systems serving less than 10,000 persons.**  **Required follow-up action:** | | 1. **Report the cause (if known) for the exceedance to the Department by the 10th of the following month.** | |
| **Cases (1) and (2) for systems serving 10,000 or more persons.**  **Required follow-up actions:** | | 1. **Do Either of the Following Within 7 Days:** | |
| * Produce a Filter Profile and Report when Completed, or | |
| * Report the Obvious Reason for the Exceedance | |
| **Case (3) for all systems.**  **Required follow-up actions:** | | 1. **Conduct a Self-Assessment of Filter Within 14 Days Consisting of:** | |
| * Assessment of Filter Performance | |
| * Development of Filter Profile | |
| * Identification/Prioritization of Factors Limiting Performance | |
| * Assessment of Applicability of Corrections | |
| * Preparation of Report | |
| 1. **Notify Department When Self-Assessment is Completed** | |
| **Case (4) for all systems.**  **Required follow-up actions:** | | 1. **Conduct Comprehensive Performance Evaluation (CPE)** | |
| * Make Arrangements Within 60 Days (<10,000) or 30 Days (≥ 10,000) | |
| * Complete CPE; Submit Within 120 Days (<10,000) or 90 Days (≥ 10,000) | |
| Signature: | | | WTPO #: Click to enter text. |
| Report Submitted by (Print): Click to enter text. | | | Telephone Number: Click to enter text. |