

# INDIVIDUAL FILTER TURBIDITY MONITORING REPORT

(Systems Serving <10,000 People)

PWS NAME \_\_\_\_\_ 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.

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

Filter #	Value in NTU of Turbidity Measurements > 1.0 in 2 Consecutive Measurements Taken 15 Minutes Apart -- <u>At Any Time In Each of Three Consecutive Months</u>						Conduct a Self-Assessment of the Filter(s) Within 14 Days of the Exceedance <small>(Note: Systems with two filters that monitor CFE in lieu of individual filters must conduct a self assessment on both filters.)</small>
	Turbidity Exceeding 1.0 NTU						<b>(Attach Report of Filter Assessment)</b>
	1st Month		2nd Month		3rd Month		
	Date	Value	Date	Value	Date	Value	

Filter #	Value in NTU of Turbidity Measurements > 2.0 in 2 Consecutive Measurements Taken 15 Minutes Apart -- <u>At Any Time In Each of Two Consecutive Months</u>				Within 60 Days of the Exceedance the System Must Arrange Through the ADH to Have a CPE Conducted	
	Turbidity Exceeding 2.0 NTU				<b>(Within 120 Days of the Exceedance a CPE Must Be Completed and the CPE Report Submitted to the ADH)</b>	
	1st Month		2nd Month		Date CPE Arrangements Completed	Date CPE Completed and Report Submitted to ADH
	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 DEPARTMENT OF HEALTH  
ENGINEERING SECTION (MS-37)  
4815 W MARKHAM ST  
LITTLE ROCK, AR 72205