

**LT1SWTR MONTHLY REPORT TO EPA FOR COMPLIANCE DETERMINATION
SLOW SAND, DIATOMACEOUS EARTH, BAG OR CARTRIDGE FILTRATION**

(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 **1** NTU = _____
 C. The percentage of turbidity measurements meeting the specified limits = $B/A \times 100 = \frac{\text{_____}}{\text{_____}} \times 100 = \text{_____}\%$
 D. Record the date and turbidity value for any measurements exceeding **5 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 = _____

$V = C / A * 100 = \text{_____}\%$ For the previous month, $V = \text{_____}\%$

Prepared by _____ Date _____

**MONTHLY REPORTING SHEET FOR COMBINED FILTER EFFLUENT (CFE) TURBIDITY
SLOW SAND, DIATOMACEOUS EARTH, BAG OR CARTRIDGE FILTRATION**

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