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”

<table>
<thead>
<tr>
<th>Time and Date of Exceedance</th>
<th>Highest Turbidity (NTU)</th>
<th>Time and Date EPA Was Notified</th>
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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.

**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.

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<th>Date</th>
<th>Minimum Disinfectant Residual at Point of Entry to Distribution System (mg/L)</th>
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<th>Days the POE Residual Was &lt; 0.2 mg/L</th>
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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**

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<th>DATE</th>
<th>1(^{ST}) (NTU)</th>
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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 ___________________________________________________________________

<table>
<thead>
<tr>
<th>Day</th>
<th>List all filters* that exceeded turbidity levels of 1.0 NTU, in 2 consecutive IF readings taken 15 minutes apart.</th>
<th>List all filters* that exceeded turbidity levels of 2.0 NTU, in 2 consecutive IF readings taken 15 minutes apart.</th>
<th>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?</th>
<th>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 &amp; submitted in 120 days?</th>
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*For each filter, attach 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.