

Filtration Component

Instructions: Complete pages 1 and 2 of this form and submit along with all required forms to your local health department within 10 days of the close of the reporting month. Complete page 3 if your system utilizes conventional or direct filtration *and* can answer "YES" to any of the four questions on page 3.

Public Water System Name _____			Reporting Month/Year __ __ / <u>2</u> <u>0</u> __ __ <small>M M / Y Y Y Y</small>			Type of Filtration Slow Sand <input type="checkbox"/>		
Public Water System ID NY _____			Town, Village, or City _____		County _____	Conventional <input type="checkbox"/>	Alternative <input type="checkbox"/>	
						Direct <input type="checkbox"/>	Diatomaceous Earth <input type="checkbox"/>	
Date	Entry Point Chlorine Residual (mg/L)						Distribution System Turbidity Results	
	0000	0400	0800	1200	1600	2000	Sample Location	(NTU)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
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23								
24								
25								
26								
27								
28								
29								
30								
31								

Monthly Turbidity Average _____

Location of entry point _____

Population served _____

Entry point disinfection monitoring: Continuous Grab If Grab, how many samples per day? _____

Monitoring results: Free chlorine Total chlorine

Did the entry point residual fall below 0.2 mg/L for more than 4 hours?..... Yes No

Did the monthly average of the distribution system turbidity results exceed 5 NTU?.....N/A Yes No

Reported by (print name) _____ Title _____

NYSDOH Operator Certification Number _____ Operator Grade Level _____

Signature _____ Date ____/____/____

COMPOSITE FILTER EFFLUENT TURBIDITY MONITORING

Date	Results (NTU)					
	0000	0400	0800	1200	1600	2000
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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Required monitoring frequency: Continuous (recorded every 4 hours) Grab every four hours Daily grab

If continuous or 4 hour grab, was the composite effluent monitored and recorded every 4 hours? N/A Yes No

If continuous, did equipment failure require grab sampling for more than 5 working days? N/A Yes No

Total number of analyses _____ Number of analyses that exceeded the performance standard¹ _____

Percentage of analyses that exceed the performance standard¹ _____ %

Did any analyses exceed the maximum turbidity standard²?.....Yes No

INDIVIDUAL FILTER EFFLUENT TURBIDITY MONITORING (Complete if filtration type is conventional or direct).

Was individual filter effluent turbidity monitoring conducted during the month?.....Yes No

If system has only 2 filters, was the composite effluent monitored every 15 minutes in lieu of individual filters?..N/A Yes No

Did failure of continuous monitoring equipment require grab sampling for more than 5 working days?..... Yes No

Per the instructions on top of pages 1 and 3, does page 3 need to be completed and submitted?..... Yes No

Comments _____

¹Performance standards: 0.3 NTU for conventional and direct filtration; 1.0 NTU for slow sand and D.E.; 1.0 NTU or value set by the Department for alternative filtration.

²Maximum allowable turbidity standards: 1 NTU for conventional and direct filtration; 5 NTU for slow sand and D.E.; 5 NTU or value set by the Department for alternative filtration.

INDIVIDUAL FILTER EFFLUENT TURBIDITY MONITORING

Instructions: Complete this page and attach it to your operation report if you utilize conventional or direct filtration and can answer "YES" to any of the four questions below. If your system has only 2 filters, and does not monitor each filter separately, use the 15 minute composite readings to answer the questions.

1. Did any filter(s) exceed 1.0 NTU in two consecutive readings taken 15 minutes apart?.....Yes No

If "YES," report the filter number(s), corresponding date(s), and the turbidity value(s) which exceeded 1.0 NTU during the month (only for filters that had two consecutive readings exceed 1.0 NTU), and the reason for the abnormal filter performance. If an obvious reason cannot be identified, a filter profile must be submitted within 7 days of the exceeded value.

Filter Number			Filter Number			Filter Number		
Date	Time	(NTU)	Date	Time	(NTU)	Date	Time	(NTU)

2. Did any filter exceed 1.0 NTU in two consecutive readings taken 15 minutes apart at any time in each of the last 3 consecutive months?.....Yes No

If "YES," a self-assessment of the filter must be conducted by the system. The system must conduct the self-assessment within 14 days of the exceeded value and submit the self-assessment to the Department. Report the filter number, the date the self-assessment was triggered, and the date it was completed.

Filter number _____ Trigger date ____/____/____ Completion date ____/____/____

3. Did any filter exceed 2.0 NTU in two consecutive readings taken 15 minutes apart at any time in each of the last 2 consecutive months?.....Yes No

If "YES," a Comprehensive Performance Evaluation (CPE) is required. A copy of the CPE report must be submitted to the Department within 120 days of the trigger date. Report the filter number that triggered the CPE, and the date the CPE was triggered.

Filter number _____ Trigger date ____/____/____

4. If the system serves $\geq 10,000$ persons, did any filter exceed 0.5 NTU in each of the first two consecutive 15-minute readings following the first 4 hours of continuous filter operation?.....Yes No

If "YES," report the filter number, the date on which the exceeded value occurred, and the turbidities of the 2 consecutive readings. Report the obvious reason for the abnormal filter performance, or submit a filter profile within 7 days of the exceeded value.

Filter number _____ Date ____/____/____ Consecutive readings _____ NTU and _____ NTU

Reason for abnormal filter performance

Public Water System ID NY _____

Reported by (print name) _____ Title _____

NYSDOH Operator Certification Number _____ Operator Grade Level _____

Signature _____ Date ____/____/____