

Arizona Department of Environmental Quality  
 Monthly Report for Surface Water/Groundwater Under the Direct Influence of Surface Water Treatment  
**Combined Filter Effluent Turbidity**

[ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]  
 System ID              System Name              Month              Year

Treatment Plant Number [ \_\_\_\_\_ ]      Treatment Plant Name [ \_\_\_\_\_ ]

Was the treatment plant in operation for the month being reported?    Yes [ \_\_\_\_\_ ]    No [ \_\_\_\_\_ ]

If the treatment plant was not in operation for the entire month, record the number of days the treatment plant was in operation during the month [ \_\_\_\_\_ ]

A. Total number of combined filtered water turbidity measurements taken: [ \_\_\_\_\_ ]

**MAXIMUM TURBIDITY MEASUREMENT**

B. Number of turbidity samples exceeding the specified limits for the filtration technology used: [ \_\_\_\_\_ ]  
 (Conventional or Direct Filtration: 1 NTU)  
 (Slow Sand or Diatomaceous Earth (DE) filtration: 5 NTU)  
 (Alternative Filtration, *e.g.*, cartridges, membranes, bags: 5 NTU)

Record the date and turbidity value of turbidity measurements that exceed the specified limits for the filtration technology used:

Date/Time of Occurrence	Turbidity value (NTU)	Date/Time Reported to ADEQ

If none occurred enter "None".

C. Highest single turbidity reading for the month: \_\_\_\_\_

**95% TURBIDITY MEASUREMENT**

D. Total number of filtered water turbidity measurements that are > the specified limits for the filtration technology used:  
 (Conventional or Direct filtration: 0.3 NTU)  
 (Slow Sand or DE filtration: 1 NTU)  
 (Alternative Filtration: 1 NTU)

E. The percentage of turbidity measurements that are > the specified limits:

$$\left( \frac{\text{D}}{\text{A}} \right) \times 100 = \text{_____} \%$$

**D / A**

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Authorized Name [ \_\_\_\_\_ ] Signature [ \_\_\_\_\_ ]

Arizona Department of Environmental Quality  
 Monthly Report for Surface Water/Groundwater Under the Direct Influence of Surface Water Treatment  
**Individual Filter Turbidity**

**Note: If your system consists of two or fewer filters, you may conduct continuous monitoring of combined filter effluent in lieu of conducting continuous monitoring of individual filter effluent. Systems electing this option do not have to complete this page. Initial this line if you are electing this option \_\_\_\_\_**

[ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]  
 System ID                      System Name                      Month                      Year

Treatment Plant Number [ \_\_\_\_\_ ]      Treatment Plant Name [ \_\_\_\_\_ ]

1. Yes \_\_\_\_\_ No \_\_\_\_\_ Was each individual filter monitored continuously?
2. Yes \_\_\_\_\_ No \_\_\_\_\_ Were measurements recorded every 15 minutes?
3. Yes \_\_\_\_\_ No \_\_\_\_\_ Was there a failure in the continuous filter monitoring or 15 minute recording equipment that lasted 4 or more hours (*i.e.*, 16 or more continuous filter turbidity readings/recordings missed due to equipment failure) during the month? **If yes**, indicate the date(s), duration, and individual filter grab sampling frequency on a separate sheet.

**Individual Filter Event**

**Did any individual filter exceed:**

4. Yes \_\_\_\_\_ No \_\_\_\_\_ 1 NTU in two consecutive measurements taken 15 minutes apart? **If yes**, complete the table below and indicate required follow-up status (Filter Profile).
5. Yes \_\_\_\_\_ No \_\_\_\_\_ 0.5 NTU in two consecutive measurements taken 15 minutes apart at the end of the first four hours of continuous operation after the filter has been backwashed, or otherwise taken offline? **If yes**, complete the table below and indicate required follow-up status (Filter Profile).
6. Yes \_\_\_\_\_ No \_\_\_\_\_ 1 NTU in two consecutive measurements taken 15 minutes apart at any time in each of three consecutive months? **If yes**, complete the table below and indicate required follow-up status (Individual Filter Self-Assessment).
7. Yes \_\_\_\_\_ No \_\_\_\_\_ 2 NTU in two consecutive measurements taken 15 minutes apart at any time in each of two consecutive months? **If yes**, complete the table below and indicate required follow-up status (Comprehensive Performance Evaluation CPE).

Filter Number	Individual Filter Event (4, 5, 6, 7)	Date	Time	Turbidity Measurement (NTU)	Follow-up Action Taken Y/N*

Attach additional table if necessary. \*If filter profile was not completed for 4 or 5, attach explanation.

Yes \_\_\_\_\_ No \_\_\_\_\_ Was an event reported for any individual filter listed in the table above during the previous month? **If yes**, identify which plant and filter(s) \_\_\_\_\_

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Authorized Name [ \_\_\_\_\_ ] Signature [ \_\_\_\_\_ ]

Arizona Department of Environmental Quality  
 Monthly Report for Surface Water Treatment  
**Minimum Residual Disinfection Concentration (RDC)**  
 (Entry Point to the Distribution System (EPDS) Sampling)

[ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]  
 System ID                  System Name                  Month                  Year

Treatment Plant Number [ \_\_\_\_\_ ]      Treatment Plant Name [ \_\_\_\_\_ ]

Was the plant in operation for the month being reported? Yes [ \_\_\_\_\_ ]      No [ \_\_\_\_\_ ]

- A. Total number of measurements of minimum residual disinfection concentration samples taken \_\_\_\_\_
- B. Record the number of occurrences of RDC less than 0.2 mg/l entering the distribution system during the month \_\_\_\_\_
- C. Record the lowest measurement of RDC in mg/l entering the distribution system.  
Record a "NO" if the plant was not operating for that day.

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31									

D. Record occurrences of RDC less than 0.2 mg/l entering the distribution system:

Date/Time of Occurrence	Date/Time Report to ADEQ	Hours until restored to 0.2 mg/l or above	Date follow-up report to ADEQ

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Authorized Name [ \_\_\_\_\_ ]      Signature [ \_\_\_\_\_ ]

Arizona Department of Environmental Quality  
Monthly Report for Surface Water Treatment  
**Minimum Residual Disinfection Concentration (RDC)**  
(Distribution System Sampling)

[ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]      [ \_\_\_\_\_ ]  
System ID                      System Name                      Month                      Year

RDC must be measured at the same points and times as the microbiological samples are collected.  
Calculate the "V" value for the month.

Number of instances where the RDC was measured A) \_\_\_\_\_

Number of instances where the RDC was measured but not detected B) \_\_\_\_\_

Calculate "V" value (the percentage of undetected residuals found):

$$\left( \frac{\text{B}}{\text{A}} \right) \times 100 = \text{_____} \%$$

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Authorizer Name [ \_\_\_\_\_ ] Signature [ \_\_\_\_\_ ]

Send Reports (four pages) within ten (10) days after the end of each month to:

Arizona Department of Environmental Quality  
Water Quality Compliance Section 5415B-1  
1110 West Washington Street  
Phoenix, Arizona 85007  
WQD\_Combpliance\_Data@azdeq.gov

For Questions Call: (602) 771-9200 or toll-free within AZ (800) 234-5677 ext. 771-9200