



**DRINKING WATER ANALYSIS REPORTING FORM
SURFACE WATER/GROUNDWATER UNDER THE
INFLUENCE OF SURFACE WATER TREATMENT**

*** Monthly Report ***

***** PUBLIC WATER SYSTEM INFORMATION *****

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[_____]
PWS ID Number

_____ **PWS Name**

[_____]
Report Date

_____ **Owner/Contact Person**

_____ **Owner/Contact Email Address**

(_____) _____
Owner/Contact Phone Number

SAMPLE LOCATION

Treatment Plant Surface Water ID [TPSW _____]

MONITORING PERIOD

MONTH [_____]

YEAR [_____]

TPSW Name [_____]

***** COMBINED FILTER EFFLUENT TURBIDITY *****

>>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

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 Limit – 1 NTU
Slow Sand or Diatomaceous Earth (DE) Filtration Limit – 5 NTU
Alternative (cartridges, membranes, bags) Filtration Limit – 5 NTU

Record the date and 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 Limit – 0.3 NTU
Slow Sand or Diatomaceous Earth (DE) Filtration Limit – 1 NTU
Alternative (cartridges, membranes, bags) Filtration Limit – 1 NTU

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

_____ / _____ X 100 = [_____] %

D A

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

Authorized Signature [_____]



DRINKING WATER ANALYSIS REPORTING FORM
SURFACE WATER/GROUNDWATER UNDER THE
INFLUENCE OF SURFACE WATER TREATMENT
 *** Monthly Report ***

***** INDIVIDUAL FILTER TURBIDITY *****
 >>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

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 [_____]

***** PUBLIC WATER SYSTEM INFORMATION *****
 >>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[_____] PWS ID Number	_____
[_____] Report Date	_____
SAMPLE LOCATION	MONITORING PERIOD
Treatment Plant Surface Water ID [TPSW _____]	MONTH [_____]
TPSW Name [_____]	YEAR [_____]
	Owner/Contact Person

- 1. Was each individual filter monitored continuously? YES NO
- 2. Were measurements recorded every 15 minutes? YES NO
- 3. 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.** YES NO

INDIVIDUAL FILTER EVENT				
Did any individual filter exceed				[_____]
4. 1 NTU in two consecutive measurements taken 15 minutes apart? If yes, complete the table below and indicate required follow-up status (Filter Profile).				<input type="checkbox"/> YES <input type="checkbox"/> NO
5. 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).				<input type="checkbox"/> YES <input type="checkbox"/> NO
6. 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).				<input type="checkbox"/> YES <input type="checkbox"/> NO
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).				<input type="checkbox"/> YES <input type="checkbox"/> NO
Filter Number	Individual Filter Event	Date/Time of Occurrence	Turbidity Value (NTU)	Follow-up Action Taken (Y/N)*
Attach additional table, if necessary				* If filter profile was not completed for 4 or 5, attach explanation.
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) [_____]				<input type="checkbox"/> YES <input type="checkbox"/> NO

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



DRINKING WATER ANALYSIS REPORTING FORM
SURFACE WATER/GROUNDWATER UNDER THE
INFLUENCE OF SURFACE WATER TREATMENT
 *** Monthly Report ***

***** PUBLIC WATER SYSTEM INFORMATION *****
 >>>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

[_____]
PWS ID Number

_____ **PWS Name**

[_____]

_____ **Owner/Contact Person**

Report Date

MONITORING PERIOD

MONTH [_____]

SAMPLE LOCATION

YEAR [_____]

Treatment Plant Surface Water ID [TPSW _____]

TPSW Name [_____]

***** MINIMUM RESIDUAL DISINFECTION CONCENTRATION (RTC) *****
 >>>> Entry Point to the Distribution (EPDS) Sampling Only - TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

Was the treatment 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. **Put 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 any occurrences of RDC less than 0.2 mg/L entering the distribution system

Date/Time of Occurrence	Date/Time Reported 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 Signature [_____]

