



FILTER PROFILE REPORT FOR INDIVIDUAL FILTERS

Surface Water Treatment Rule (SWTR)

FOR SURFACE WATER/GUDI PUBLIC WATER SYSTEMS THAT ARE
REQUIRED TO CONDUCT ADDITIONAL INDIVIDUAL FILTER MONITORING

Part 1: General Public Water System (PWS) and Monitoring Period Information				
Regulatory Agency: <input type="checkbox"/> ADEQ <input type="checkbox"/> PDEQ <input type="checkbox"/> MCESD			Date:	
PWS Name:		PWS ID#:		
Contact Person:		Phone#:		
Email Address:		Month/Year:		
Treatment Plant Name:		Treatment Plant Number:		
Part 2: Common Reasons				
<p>INSTRUCTIONS: This worksheet is based on responses provided to Individual Filter Effluent (IFE) Turbidity questions on Page 2 of the Surface Water Treatment Reporting form (DWAR15A&B). If your water system has answered 'YES' to Question 4 or Question 5 on DWAR15A&B, complete the rest of this form. If your water system has answered 'YES' to Question 6 on DWAR15A&B, complete an Individual Filter Self-Assessment form. If your water system has answered 'YES' to Question 7 on DWAR15A&B, complete a Comprehensive Performance Evaluation.</p> <p>If no reasons were identified, provide a Filter Profile with the times measured, flow, and turbidity reading.</p>				
FILTER EXCEEDANCE EVENT DETAILS		FILTER #:	FILTER #:	FILTER #:
DATE				
TIME				
DURATION				
TURBIDITY				
PROFILE #:		<i>(NONE IDENTIFIED - A Filter Profile must be submitted.)</i>		
FILTER PROBLEMS				
Post-Backwash Turbidity Spike		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prolonged Filter Run Time		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Filter-Loading Rate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate-of-Flow Control Valve Failure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media Defects (insufficient depth, mudballs, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate Surface Wash or Backwash Facilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backwash Artifact		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TURBIDIMETER ERRORS				
Incorrect Calibration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Bubble		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL FEED EQUIPMENT FAILURE				
Coagulant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coagulant Aid		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filter Aid		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Raw Water Quality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Major Unit Process Failures/Maintenance Activities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify:				
If you need more columns, please complete another copy of this page.				

Part 3: Filter Profile at time of exceedance

Provide a narrative describing the condition of the filter and filtration activities at the time of exceedance (i.e. filter profile).

FILTER #:	PROFILE #:	DATE OF PROFILE:
Describe the situation:		
<p>If the system serves 10,000 people or more, attach a graph of the filter's turbidity or particle data from startup to backwash</p>		

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Part 3: Certification

I certify that the information herein is accurate and complete to the best of my knowledge and information.

Printed Name, Title _____ Signature _____ Certified Operator # _____ Date _____

Submit completed report to your ADEQ Compliance Assistance Coordinator: https://static.azdeq.gov/comp/dw/coordinator_contact_list.pdf

Maricopa County Environmental Service Department
 Email: sdwquestions@maricopa.gov
 Phone: 602-506-6935