

Self-Assessment Checklist 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"/> MCESD		Date:	
PWS Name:		PWS ID#:	
Contact Person:		Phone#:	
Email Address:	Month/Year:		
Treatment Plant Name:	Treatment Plant Number:		
Date Self-Assessment was Performed:			
Part 2: Self-Assessment Checklist			
<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 DWAR 15A&B, complete a Filter Profile form. If your water system has answered 'YES' to Question 6 on DWAR15A&B, review the checklist and include all required components in a written Self-Assessment. If your water system has answered 'YES' to Question 7 on DWAR15A&B, complete a Comprehensive Performance Evaluation.</p> <p>Use this checklist to ensure all the required components are included in your system's written Self-Assessment. The Self-Assessment must include an assessment of the filter's performance, the filter profile, identification and prioritization of limiting factors, an assessment of the applicability of corrections (40 CFR 141.175/A.A.C R18-4-118 and 40 CFR 141.563/A.A.C R18-4-122).</p>			
ASSESSMENT OF FILTER PERFORMANCE	No Issues Identified	Issues Identified (include in Self-Assessment report)	Explanation Provided in Self-Assessment
Evaluated filter design capacity and compared flow rate to maximum design capacity	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Evaluated unit Filter Run Volume (gallons/ ft ²) compared to filter design capacity	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Conducted review of filter backwash rates, bubbling in backwash, etc.	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Mapped drained filter bed	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Assessed filter media (number of sites, layer thickness) to determine if there are issues with filter performance	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Evaluated filter performance during normal and "worst case" operations	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Evaluated cross section of media to determine if there are issues with filter performance	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Evaluated media core to determine if there are issues with filter performance	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Evaluated filtration pressures and vacuums (ultrafiltration only)	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
IDENTIFICATION AND PRIORITIZATION OF THE FILTER'S LIMITING FACTORS			Included in Self-Assessment
Identified limiting factors to filter's performance			YES <input type="checkbox"/> NO <input type="checkbox"/>
Prioritized limiting factors based on impact to filtration targets			YES <input type="checkbox"/> NO <input type="checkbox"/>
APPLICABILITY OF CORRECTIONS			Included in Self-Assessment
Described required corrections based on filter assessment and limiting factors			YES <input type="checkbox"/> NO <input type="checkbox"/>
Determined the applicability of required corrections to address the filter's performance			YES <input type="checkbox"/> NO <input type="checkbox"/>

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Part 3: Attachments	
Ensure the below attachments are included with your written Self-Assessment report:	Provided to regulatory agency
Attached written <i>Self-Assessment Report</i> , including description of filter performance, identification and prioritization of limiting factors and applicability of corrections	YES <input type="checkbox"/> NO <input type="checkbox"/>
Attached <i>Filter Profile</i> (graphical representation of individual filter's continuous turbidity measurements for an entire filter run)	YES <input type="checkbox"/> NO <input type="checkbox"/>

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