



IESWTR FORM A Turbidity Monitoring Report for
_____ (Month/Year)

Facility Number _____ Name: _____

TAP Number _____ Treatment Plant Name: _____

USE THIS FORM IF YOU OPERATE WITHIN YOUR NORMAL HOURS. IF YOU DEVIATED FROM THESE HOURS, YOU MUST ALSO COMPLETE THE REVERSE SIDE OF THIS FORM.

Turbidity Performance Criteria

Information Required by the Interim Enhanced Surface Water Treatment Rule		Enter Value
A.	Total number of filtered water turbidity measurements	_____
B.	Total number of filtered water turbidity measurements that are less than or equal to 0.3 NTU	_____
Calculate the percentage of turbidity measurements meeting 0.3 NTU To calculate: $0.3 \text{ NTU} = \frac{\text{B Value}}{\text{A Value}} \times (\text{multiplied by}) 100$ (Enter B Value) _____ / (Enter A Value) _____ x 100 =		_____ %
C.	Record the highest turbidity measurement taken in the month	_____
D.	Record the date and turbidity value for any measurements exceeding 1 NTU below (If none, enter "none")	
	Date	Turbidity

To the best of my knowledge, the above information is complete and accurate.

Signature of ROINC _____ Date: _____

Telephone Number: _____

Mail to:
Illinois Environmental Protection Agency
BOW/Drinking Water Compliance Unit Mailcode #19,
1021 North Grand Avenue East,
P.O. Box 19276
Springfield, IL 62794-9276
217-785-0561

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This Agency is authorized to require this information under ILLINOIS REVISED STATUTES, 1979, Chapter 111 1/2, Sec. 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and an additional civil penalty up to \$1,000.00 for each day the failure continues, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

Facility No. _____

Mail to:
 IEPA/BOW/CAS/DWU #19,
 P.O. Box 19276
 Springfield, IL 62794-9276

FORM A TURBIDITY MONITORING
Complete only for days when operation hours differ from approved protocol.

DAILY OPERATIONAL LOG FOR MONTH OF _____

DAY	HOURS OF OPERATION		TIMES OF SAMPLES MEASURED	No. of SAMPLES
	START UP	SHUT DOWN		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
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22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				

TOTAL NO. OF SAMPLES _____

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