



Mail this Report to:
IEPA/BOW/DWU #19,
P.O. Box 19276
Springfield, IL 62794-9276
(217) 785-0561

IESWTR FORM B

Monthly Report for Individual Filter (IF) Turbidity Monitoring

(PWSs must record the turbidity from every filter every 15 minutes. Grab sampling every 4 hours is allowed if the continuous IF turbidimeter fails but for no more than 5 working days. Report within 10 days of the next month.)

Facility Number: _____ Facility Name: _____

Month: _____ Year: _____

NO TRIGGER EVENT SECTION

If applicable, Please Check NO TURBIDITY TRIGGER EVENTS HAVE OCCUR DURING: MONTH _____ YEAR _____

TRIGGER EVENT RECORD

YEAR	List all filters* that exceeded turbidity levels of 0.5 NTU, after 4 hrs. 1.0 NTU, and/or 2.0 NTU in 2 consecutive IF readings taken 15 minutes apart	If 1.0 NTU** was exceeded was a filter profile completed within 7 days?	If 0.5 NTU ** was exceeded 4 hrs. after backwash or filter startup was a filter profile completed within 7 days?	If 1.0 NTU*** was exceeded in the same filter after 3 months in a row was a self-assessment completed within 14 days?	If 2.0 NTU*** was exceeded in the same filter 2 months in a row was a 3 rd party CPE arranged in 30 days and completed & submitted in 90 days?
MONTH					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

* If additional space is needed please attached additional copies of this form.

** If the IF exceedance was caused by obvious reason (e.g. valve malfunction, etc.) submit a written explanation describing the situation that caused the turbidity exceedance in lieu of the filter profile.

*** If a PWS has reported an obvious reason for an exceedance in column 3 & 4, it does not count as one of the consecutive months.

Facility No. _____

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

TRIGGER EVENT RECORD

YEAR	List all filters* that exceeded turbidity levels of 0.5 NTU, after 4 hrs. 1.0 NTU, and/or 2.0 NTU in 2 consecutive IF readings taken 15 minutes apart	If 1.0 NTU** was exceeded was a filter profile completed within 7 days?	If 0.5 NTU ** was exceeded 4 hrs. after backwash or filter startup was a filter profile completed within 7 days?	If 1.0 NTU*** was exceeded in the same filter after 3 months in a row was a self-assessment completed within 14 days?	If 2.0 NTU*** was exceeded in the same filter 2 months in a row was a 3 rd party CPE arranged in 30 days and completed & submitted in 90 days?
MONTH					

10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					

* If additional space is needed please attached additional copies of this form.

** If the IF exceedance was caused by obvious reason (e.g. valve malfunction, etc.) submit a written explanation describing the situation that caused the turbidity exceedance in lieu of the filter profile.

*** If a PWS has reported an obvious reason for an exceedance in column 3 & 4, it does not count as one of the consecutive months.

Facility No. _____

Filter Profile Report for Individual Filters

	OBVIOUS REASONS		
	Filter No.: _____	Filter No.: _____	Filter No.: _____
	Date: _____	Date: _____	Date: _____
	Time: _____	Time: _____	Time: _____
	Duration: _____	Duration: _____	Duration: _____
	Turbidity: _____	Turbidity: _____	Turbidity: _____
Obvious Reasons (Check all that apply)			
NONE IDENTIFIED - A Filter Profile must be submitted			
	Profile No. _____	Profile No. _____	Profile No. _____
Filter Problems			
Post-Backwash Turbidity Spike	_____	_____	_____
Prolonged Filter Run Time	_____	_____	_____
Excessive Filter-Loading Rate	_____	_____	_____
Rate-of-Flow Control Valve Failure	_____	_____	_____
Media Defects (Insufficient depth, mudballs etc)	_____	_____	_____
Inadequate Surface Wash or Backwash Facilities	_____	_____	_____
Turbidimeter Errors			
Incorrect Calibration	_____	_____	_____
Air Bubble	_____	_____	_____
Debris	_____	_____	_____
Backwash Artifact	_____	_____	_____
Chemical Feed Equipment Failure			
Coagulant	_____	_____	_____
Coagulant Aid	_____	_____	_____
Filter Aid	_____	_____	_____
Poor Raw Water Quality			
_____	_____	_____	_____
Other Major Unit Process Failures/Maintenance Activities			
_____	_____	_____	_____
<i>Specify:</i>			

Within ten (10) days after the end of each month, mail this completed and signed form to:
 Illinois Environmental Protection Agency
 BOW/ Drinking Water Compliance Unit, Mailcode #19
 1021 North Grand Ave. East, P.O. Box 19276
 Springfield, Illinois 62794-9276

Water Official or ROINC: _____ **Date:** _____