

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

LTIESWTR FORM B

Monthly Report for Individual Filter (IF) Turbidity Monitoring (or turbidity of combined filter effluent)

(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 14 days. Report within 10 days of the next month.)

Facility Number: _____ Facility Name: _____

Month: _____ Year: _____

If Applicable, Please Check REPORTED USING COMBINED FILTER EFFLUENT (2 OR FEWER FILTERS)

NO TRIGGER EVENT SECTION

If Applicable, Please Check NO TURBIDITY TRIGGER EVENTS HAVE OCCURED DURING: MONTH _____ YEAR _____

		LTIESWTR TRIGGER EVENT RECORD	
YEAR	List all filters* that exceeded turbidity levels of 1.0 NTU, in 2 consecutive IF readings taken 15 minutes apart	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 60 days and completed & submitted in 120 days?
MONTH			
1.			
2.			
3.			
4.			
5.			
6.			
7.			

* Or if the turbidity of combined filter effluent (CFE) for a system with two filters that monitor CFE in lieu of individual filters.

** 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.

*** 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.

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MONTH			
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31.			

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LTIESWTR Filter Profile Report for Individual Filters

	LTIESWTR OBVIOUS REASONS RECORD		
	Filter No.: _____	Filter No.: _____	Filter No.: _____
	Date: _____	Date: _____	Date: _____
	Time: _____	Time: _____	Time: _____
	Duration: _____	Duration: _____	Duration: _____
	Turbidity: _____	Turbidity: _____	Turbidity: _____
Obvious Reasons (Check all that apply)			
Filter Problems	_____	_____	_____
Post-Backwash Turbidity Spike	_____	_____	_____
Prolonged Filter Run Time	_____	_____	_____
Excessive Filter-Loading Rate	_____	_____	_____
Rate-of-Flow Control Valve Failure	_____	_____	_____
Media Defects (Insufficient depth, mud balls 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, Mail code #19
 2520 West Iles Ave., P.O. Box 19276
 Springfield, Illinois 62794-9276

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