

BIN 2 DEMONSTRATION OF TREATMENT PERFORMANCE UNDER LT2ESWTR INDIVIDUAL FILTER TURBIDITY MONITORING REPORT

PWS NAME _____ MONTH _____ YR _____
PWS ID # _____ WTP NAME _____

Day	Reporting of individual filter effluent (IFE) turbidity measurements recorded every 15 minutes on water that enters into the clearwell. <small>(Additional forms are required for systems with greater than 4 filters.)</small>											
	Filter #		Did the IFE exceed 0.3 NTU in any two consecutive 15-minute measurements? (Yes / No)	Filter #		Did the IFE exceed 0.3 NTU in any two consecutive 15-minute measurements? (Yes / No)	Filter #		Did the IFE exceed 0.3 NTU in any two consecutive 15-minute measurements? (Yes / No)	Filter #		Did the IFE exceed 0.3 NTU in any two consecutive 15-minute measurements? (Yes / No)
	Total # Values	# of Values > 0.15 NTU		Total # Values	# of Values > 0.15 NTU		Total # Values	# of Values > 0.15 NTU		Total # Values	# of Values > 0.15 NTU	
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30												
31												
Total												
% > 0.15												

Note: The %>0.15 is calculated by dividing the total # of measurements >0.15 NTU by the total # of measurements .

Attach Reason, if known, for exceedances above the 0.15 NTU and / or 0.3 NTU Individual Filter Turbidity Levels.

I certify the information in this report is true and accurate to the best of my knowledge. I acknowledge that any knowingly false or misleading information may be punishable under the 18USC 1001 and other applicable laws.

Printed Name: _____ Title: _____
Signature: _____ Date: _____

Make a copy for your records and return by the tenth of the following month to : Arkansas Department of Health, Engineering Section (MS37)
4815 West Markham, Little Rock, AR 72205-3867