



INDIVIDUAL FILTER TURBIDITY MONITORING DATA SUMMARY

(Transfer data from this page to LT1-ESWTR Summary Section A, Subsection 2-SFN 54272)

DEPARTMENT OF ENVIRONMENTAL QUALITY

DIVISION OF MUNICIPAL FACILITIES

SFN 54274 (9-2021)

Public Water System (PWS) Name:	PWS Number: (ex: ND1234567)
Were Individual Turbidimeters Calibrated Weekly? (1): Yes <input type="checkbox"/> No <input type="checkbox"/>	Summary Prepared By (2):

Year: _____ Month: _____	List all Filters That Exceeded a Turbidity Level of 0.5 NTU After the 4 Hour and 4 Hour and 15 Minutes Readings (Following Filter Startup or Backwash). (3)	List all Filters that Exceeded 1.0 NTU in Two Consecutive Readings Taken 15 Minutes Apart. (4)	List All Filters That Exceeded 2.0 NTU in Two Consecutive Readings Taken 15 Minutes Apart. (5)
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For each filter, attach additional information identifying the every 15 minute readings that caused the exceedance(s).

Trigger B		
Was 0.5 NTU ever exceeded on any filter(s) at the 4 hour and 4 hour and 15 minute reading following any filter startup or backwash during the month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	IF YES	
Was filter profile completed within 7 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	OR	
Was a written explanation describing that the exceedance was caused by an obvious reason sent into this department in lieu of a filter profile?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Trigger C		
Was 1 NTU ever exceeded in 2 consecutive individual filter readings taken 15 minutes apart during the month on any filter(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	IF YES	
Identify filter(s) by name(s) or number(s).		
Was a filter profile completed within 7 days of each exceedance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	OR	
Was a written explanation describing that the exceedance was caused by an obvious reason sent into this department in lieu of a filter profile?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has 1 NTU been exceeded in 2 consecutive individual filter readings taken 15 minutes apart on any single filter(s) for 3 months in a row?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	IF YES	
Was a filter self assessment completed within 14 days on the filter(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trigger D		
Was 2.0 NTU ever exceeded in 2 consecutive individual filter readings taken 15 minutes apart during the month on any filter(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	IF YES	
Identify filter(s) by name(s) or number(s).		
Has 2.0 NTU been exceeded in 2 consecutive individual filter readings taken 15 minutes apart on any filter(s) for 2 months in a row?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	IF YES	
Has a 3rd party CPE been arranged within 30 days of the exceedance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was a CPE completed and submitted to this department within 90 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Note: If the individual filter exceedance was caused by an obvious reason (valve malfunction, etc.), and a written explanation describing the situation that caused the turbidity exceedance has been reported to this department by a PWS, then that exceedance will NOT count as one of the consecutive months used to determine whether a self assessment or CPE is needed.

Submit this report to the Division of Municipal Facilities within 10 days after the end of each month that the system provides water to the public.:

**North Dakota Department of Environmental Quality
Division of Municipal Facilities
4201 Normandy St.
Bismarck, ND 58503-1324**