

- ☐ Accepted
☐ Rejected
☐ Entered

MARYLAND DEPARTMENT OF THE ENVIRONMENT
 Water Supply Program • Suite 450
 1800 Washington Boulevard, Baltimore Maryland 21230-1708
Telephone (410)537-3706/Fax (410)537-3157

Surface Water / GWUDI Monthly Compliance Determination

PWS ID # _____ Public Water System Name _____ Mo/Yr _____
 Plant # _____ Plant Name: _____
 Begin Date: _____ End Date: _____ (enter if plant operated for part of the month)

Filtration type (95% turbidity limit / maximum turbidity limit)

☐ Conventional, Direct, or Alternative (0.3/1 NTU)
 ☐ D.E., cartridge, or slow sand (1/5 NTU)
 ☐ Other: _____

Filtration Treatment Performance

A. Combined Filter Effluent Turbidity Continuous turbidity monitoring? ☐ Yes ☐ No one reading every _____ minutes

(1) Number of turbidity readings required this month? _____ Number of turbidity readings taken? _____

Compliance with number of required turbidity readings? ☐ Yes ☐ No

(2) Number of readings that exceeded the maximum turbidity limit? _____ (see Filtration type above)

Highest Single Turbidity Reading _____ NTU

(3) Number of readings that exceeded 95% turbidity limit _____ (see Filtration type above)

% readings that exceeded 95% turbidity limit _____ %

Compliance with Treatment Technique for turbidity limit? ☐ Yes ☐ No

NOTE: If turbidity limits are exceeded or required samples are not collected, notify MDE as soon as possible.

Notification date (if applicable): _____

B. Individual Filter Effluent Turbidity Number of filters ☐ One ☐ Two ☐ Three or more

(1) Was each filter monitored continuously? ☐ Yes ☐ No (If "No", answer 2-7 based on combined filter readings.)

(2) Were measurements recorded every 15 minutes or more frequently? ☐ Yes ☐ No

(3) Was there a failure of continuously monitoring equipment? ☐ Yes ☐ No

(4) Was turbidity greater than 1.0 NTU in any two consecutive readings? ☐ Yes ☐ No

(5) Was turbidity greater than 0.5 NTU in two consecutive readings after on-line for more than 4 hours? ☐ Yes ☐ No

(6) Was turbidity greater than 1.0 NTU in two consecutive readings in three consecutive months? ☐ Yes ☐ No

(7) Was turbidity greater than 2.0 in two consecutive readings in two consecutive months? ☐ Yes ☐ No

NOTE: If the answer to question 2 in section B is "No", or the answer to any of questions 3, 4, 5, 6, or 7 in section B is "Yes",

notify MDE as soon as possible. Notification date (if applicable): _____

Superintendent's initials _____

SUBMIT THIS REPORT BY THE 10TH OF THE MONTH FOLLOWING THE REPORTING PERIOD.

Surface Water / GWUDI Monthly Compliance Determination

Disinfection type(s) ☐ Chlorine ☐ Chloramines ☐ UV ☐ Other:

Minimum required point-of-entry residual ☐ Free Chlorine = 0.2 mg/L ☐ Total Chlorine = 0.5 mg/L (Chloramines Only)

Minimum required distribution residual: ☐ Free Chlorine = 0.1 mg/L ☐ Total Chlorine = 0.5 mg/L (Chloramines Only)

Disinfection Treatment Performance

C. Entry Point Residual Disinfectant Concentration

Continuous residual disinfectant monitoring? ☐ Yes ☐ No one reading every _____ minutes

(1) Number of required residual disinfectant readings? _____ Number of residual disinfectant readings taken? _____

Compliance with residual disinfectant monitoring frequency requirements? ☐ Yes ☐ No

(2) Lowest single residual reading _____ mg/L

Number of readings under minimum required residual? _____

Compliance with minimum required residual disinfectant in all samples? ☐ Yes ☐ No

NOTE: If residual disinfectant drops below the required level or required samples are not collected, notify MDE as soon as possible.

Notification Date (if applicable) _____

D. Disinfectant CT (mg/L-min)

Required Giardia Lamblia log inactivation? ☐ 0.5 log (conventional, direct, alternative filtration) ☐ 1.0 log (D.E., cartridge, slow sand)

Was disinfection CT determined or verified every day during peak hourly flow? ☐ Yes ☐ No

Was CT sufficient every day for required Giardia log inactivation? ☐ Yes ☐ No If "No", attach memo with explanation.

Compliance with CT evaluation and achievement requirements? ☐ Yes ☐ No

E. Distribution System Disinfection Residual

(1) Number of residual disinfectant samples required? _____ Number of residual disinfectant samples taken? _____

Note: There should be one field free chlorine residual sample for each required bacteriological sample.

Compliance with residual disinfectant monitoring requirements? ☐ Yes ☐ No

(2) Number of readings with undetectable residual and no HPC or HPC>500/ mL? _____

Percentage of readings with undetectable residual and no HPC or HPC> 500/mL ? _____ %

Percentage of readings with undetectable residual and no HPC or HPC>500/mL in previous month? _____ %

Percentage of readings with undetectable residual and HPC>500/mL: <5% both this month and last month? ☐ Yes ☐ No

Comments:

I certify that I am familiar with the information contained in this report and that to the best of my knowledge,
the information is true, complete, and accurate.

Superintendent's Name _____ Certification # _____ Expiration Date _____

Superintendent's signature: _____ Phone: _____ Date _____

SURFACE WATER/GWUDI FILTRATION PLANT MONTHLY OPERATING REPORT

Superintendent (Initials) _____

Mo/Yr _____

PWSID #: _____ Public Water System Name: _____

Plant Number and Name: _____

GENERAL			RAW WATER					CHEMICAL ADDITION													
Date	Rain (inches or Y/N)	Hours in Service	pH	Turbidity	Alk	Iron		Coagulant		Polymer		Lime		Fluoride		Other		Pre-Chlorine		Post-Chlorine	
				NTU	mg/L	mg/L		#/d	mg/L	#/d	mg/L	#/d	mg/L	#/d	mg/L	#/d	mg/L	#/d	mg/L	#/d	mg/L
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AVG.																					

Comments: _____

SURFACE WATER/GWUDI FILTRATION PLANT MONTHLY OPERATING REPORT

Superintendent (Initials) _____ Mo/Yr _____

PWSID # _____ SYSTEM NAME _____ PLANT NUMBER AND NAME: _____

Turbidity Readings From (Check one): ☐ Combined filter effluent turbidimeter ☐ individual filter(s) effluent (weighted average if > one filter) ☐ clear well effluent ☐ Other: _____

		FINISHED WATER						FINISHED WATER TURBIDITY					DISTRIBUTION (any and all samples)			FLOW DATA			
								☐ continuous monitoring ☐ grab samples											
Date	Max Settled Turb NTU	pH	Total Alk. mg/L	Fluro. mg/L	Iron mg/L	Cl ₂ -Point of Entry		avg NTU	max NTU	Number of Readings Taken			CL ₂ Residual (mg/L)			Raw water MGD	Finished MGD Water	Backwash Water	
						Number of Readings	Minimum Residual mg/L			Total	≤0.3 NTU	>1 NTU	min	max	avg			MGD	% Total Flow
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Comments: _____

SURFACE WATER/GWUDI FILTRATION PLANT MONTHLY OPERATING REPORT

Superintendent (Initials) _____

Mo/Yr _____

PWSID # _____ Public Water System Name: _____ Plant Number and Name: _____

PERFORMANCE DATA														
Date	INDIVIDUAL FILTER TURBIDITY													
	☐ continuous monitoring ☐ continuous monitoring and grab samples													
	Filter No. 1	Filter No. 2	Filter No. 3	Filter No. 4	Filter No. 5	Filter No. 6	Filter No. 7	Filter No. 8	Filter No. 9	Filter No. 10	Filter No. 11	Filter No. 12	Filter No. 13	Filter No. 14
	Max turb (NTU)	Max turb (NTU)	Max turb (NTU)	Max turb (NTU)	Max turb (NTU)	Max turb (NTU)	Max turb (NTU)	Max turb (NTU)	Max turb (NTU)	Max turb (NTU)	Max turb (NTU)	Max turb (NTU)	Max turb (NTU)	Max turb (NTU)
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