MINNESOTA DEPARTMENT OF HEALTH
MONTHLY TURBIDITY AND DISINFECTION REPORT
Large Surface Water Supply

PWSID#	Facility Name	Phone #
Month/Year	Entry Point Location	Contact

DISINFECTANT RESIDUAL

Date	Minimum D.R. @ Entry Point (mg/l)*	Duration of low level*	Date reported to MDH**
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DISINFECTANT RESIDUAL ON DISTRIBUTION

A. Number of sites where D.R. was measured	
B. Number of sites where a D.R. was detected	
C. Percent detection = B/A * 100 (Must be at least 95% for compliance)	

TURBIDITY AT ENTRY POINT

A. Total number of turbidity measurements	
B. Total number of turbidity measurements <=0.3 NTU (When monitoring continuously, one 4-hour period equals 1 sample)	
C. The percentage of turbidity samples <=0.3 NTU = B/A * 100 (Must be greater than 95% for compliance)	
D. Date(s) and value(s) on which the turbidity was at any time > 1.0 NTU _____ _____ _____	

INDIVIDUAL FILTER TURBIDITY MONITORING REPORT

Answer questions A through C	Yes	No
A. Turbidity of each filter monitored? If no, provide written explanation(s).		
B. Were turbidity results recorded every 15 minutes? If no, was grab sampling preformed every 4 hrs?		
C. Threshold turbidity^ exceeded? If yes, complete the excursion report on the back.		

^ Turbidity of 2 consecutive 15-minute measurements:
a. >0.5 NTU after 4 hours of operation
b. >1.0 NTU
c. >2.0 NTU.

* Enter the minimum Chlorine/Disinfectant Residual (D.R.) your system had for the given date at the entry point to the distribution.
** If a low level (less than 0.2 mg/l) D.R. is measured, enter the duration that the low level was detected for (hours), and the date the incident was reported to the Minnesota Department of Health.

I certify that the above information is correct and that the water treatment plant was operated in accordance with the provisions of the Surface Water Treatment Rule and the Interim Enhanced Surface Water Treatment Rule and operational parameters established by the Minnesota Department of Health.

Prepared by _____ Date _____
(Signature)

Reviewed by _____ Date _____
(MDH use only)

Monthly Report to the Minnesota Department of Health for Individual Filter Turbidity Monitoring

This report is required for a PWS that utilizes conventional or direct filtration and serves greater than 10,000 people. These 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.

Individual filter turbidimeters were last calibrated (date) _____

System/Treatment Plant _____ PWSID # _____

Prepared By _____ Date: _____

Year _____ Month _____	List all filters* that exceeded turbidity levels of 0.5 NTU after 4 hrs., 1.0 NTU, & 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 a backwash or filter startup, was a filter profile completed within 7 days?	If 1.0 NTU*** was exceeded in the same filter 3 months in a row, was a self-assessment completed in 14 days?	If 2.0 NTU*** was exceeded in the same filter 2 months in a row, was a 3rd party CPE arranged in 30 days & completed & submitted in 90 days?
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* For each filter, attach information identifying the time intervals that turbidity readings exceed the threshold limit(s).

** If the individual filter 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 Columns 3 and 4, it does not count as one of the consecutive months.