Accepted
 Rejected
 Entered

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MARYLAND DEPARTMENT OF THE ENVIRONMENT

Water Supply Program • Suite 450 1800 Washington Boulevard, Baltimore Maryland 21230-1708 <u>Telephone (410)537-3706/Fax (410)537-3157</u>

Surface Water	/ GWUDI Monthly Compliance Determination
PWS ID # Public Water System Nam Plant # Plant Name: Begin Date: End Date:	Mo/Yr
<u>Filtration type</u> (95% turbidity limit / maximum tu O Conventional, Direct, or Alternative (0.3/1 NTU) O D.E., car	Irbidity limit) tridge, or slow sand (1/5 NTU) Other:
	Filtration Treatment Performance
A. <u>Combined Filter Effluent Turbidity</u> Cont (1) Number of turbidity readings required this mor Compliance with number of required turbidity re	inuous turbidity monitoring? O Yes O No one reading every minutes hth? Number of turbidity readings taken? eadings? O Yes O No
(2) Number of readings that exceeded the maxim	um turbidity limit? (see Filtration type above)
Highest Single Turbidity Reading NTU	· · · · · · · ·
(3) Number of readings that exceeded 95% turbid	ity limit (see Filtration type above)
% readings that exceeded 95% turbidity limit	%
Compliance with Treatment Technique for turbic	$\frac{1}{1} \frac{1}{1} \frac{1}$
NOTE: If turbidity limits are exceeded or require	ad samples are not collected notify MDE as soon as nossible
Notification date (if applicable):	
B. Individual Filter Effluent Turbidity	Number of filters O One O Two O Three or more
(1) Was each filter monitored continuously?	\bigcirc Yes \bigcirc No (If "No", answer 2-7 based on combined filter readings.)
(2) Were measurements recorded every 15 min	utes or more frequently? O Yes O No
(3) Was there a failure of continuously monitori	ng equipment? O Yes O No
(4) Was turbidity greater than 1.0 NTU in any tw	vo consecutive readings? \bigcirc Yes \bigcirc No
(5) Was turbidity greater than 0.5 NTU in two co	onsecutive readings after on-line for more than 4 hours? $$ $$ $$ $$ Yes $$ $$ No
(6) Was turbidity greater than 1.0 NTU in two co	onsecutive readings in three consecutive months? $ m O$ Yes $ m O$ No
(7) Was turbidity greater than 2.0 in two consec	:utive readings in two consecutive months? \bigcirc Yes \bigcirc No

Superintendent's initials

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

MDE/WMA/COM.001 (Revised 04/15)

TTY USERS 1-800-735-2258

Surface Water / GWUDI Monthly Compliance Determination

Disinfection type(s)	Chloramines	UV	Other:				
Minimum required point-of-entry residual	O Free Chlorine = 0.2 mg/L	\bigcirc Total Chlorine = 0.5 mg/L (Chloramines Only)	Chloramines Only)				
Minimum required distribution residual:	O Free Chlorine = 0.1 mg/L	O Total Chlorine = 0.5 mg/L (Chloramines Only)					
	Disinfection Treatment	Performance					
C. Entry Point Residual Disinfectant Concentra	tion						
Continuous residual disinfectant monitoring?	○ Yes ○ No	one reading every m	inutes				
(1) Number of required residual disinfectant rea	idings? Num	ber of residual disinfectant readings tak	en ?				
Compliance with residual disinfectant monitor	ing frequency requiremen	ts? O Yes O No					
(2) Lowest single residual reading m	g/L						
Number of readings under minimum required i	residual?						
Compliance with minimum required residual d	lisinfectant in all samples?	O Yes O No					
<u>NOTE:</u> If residual disinfectant drops below the	e 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, alterr	native filtration) 🛛 1.0 log (D.E., cartridge, slow si	and)				
Was disinfection CT determined or verified eve	ny day during neak bourly f	Inw? O Yes O No					
Was CT sufficient every day for required Giardi	\bigcirc	\bigcirc No. If "No" attach memo with evol	anation				
Compliance with CT evaluation and achieven							
		ies 🔾 No					
E. Distribution System Disinfection Residual							
(1) Number of residual disinfectant samples rec	uired? Number	of residual disinfectant samples taken?					
Note: There should be one field free chlorine re	esidual sample for each req	uired bacteriological sample.					
Compliance with residual disinfectant monitor	ing requirements?	○ Yes ○ No					
(2) Number of readings with undetectable resid	lual and no HPC or HPC>50	0/ mL?					
Percentage of readings with undetectable resid	ual and no HPC or HPC> 50	0/mL ? %					
Percentage of readings with undetectable resid	ual and no HPC or HPC>50	D/mL in previous month? %					
Percentage of readings with undetectable resi	dual and HPC>500/mL: <5	% both this month and last month?	○ Yes ○ No				
Commonter							
Comments.							
I certify that I am familiar with the information	contained in this report an	d that to the best of my knowledge,					
the information is true, complete, and accurate	е.						
Superintendent's Name	Certificat	ion #Expiration Da	ate				
Superintendent's signature:	Phone:	Date					

MDE/WMA/COM.001 (Revised 04/15) TTY USERS 1-800-735-2258

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														
	Rain	Hours in	рН	Turbidity	Alk	Iron		Coag	ulant	Poly	mer	Lii	me	Fluc	ride	Ot	her	Pre-Ch	nlorine	Post-C	hlorine	
Date	(inches or	Service																				
	Y/N)			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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31																						
TOTAL																						
MIN																						
MAX															ļ							
AVG.																						

SURFACE WATER/GWUDI FILTRATION PLANT MONTHLY OPERATING REPORT

Superintendent (Initials)

Mo/Yr

PWSID #

SYSTEM NAME

Turbidity Readings From (Check one): O Combined filter effluent turbidimeter O individual filter(s) effluent (weighted average if > one filter)

O clear well effluent O Other:

PLANT NUMBER AND NAME:

FINISHED WATER								FINISHED	WATER TU	RBIDITY			DISTRIBUTION (any and all			FLOW DATA			
	May CL-Point of									samples	(0, 1)		samples)	Desidual (ma	4.)	Packwash Water			
Date	Max Settled Turb NTU	рН	Total Alk. mg/L	Fluro. mg/L	Iron mg/L	Number of Readings	Minimum Residual	avg NTU	max NTU	Total	er of Readings ≤0.3 NTU	>1 NTU	min	₋₂ Residual (mg max	/L) avg	Raw water Finished MGD MGD Water	MGD	% Total Flow	
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4																			
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Superintendent (Initials)

SURFACE WATER/GWUDI FILTRATION PLANT MONTHLY OPERATING REPORT

Mo/Yr

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

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