



Safe Drinking Water Act SDWA-5 Monthly Filter Plant Performance

| I. General Plant Information | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------|------------------------------------|-----------------------|
| PWS Name: | | | | |
| Address: | | | | |
| Phone: | | | | |
| 1. | 2. | 3. Filter Plant | | 4. |
| PWSID | Trans | ID# | Name | Report Month MM/YY |
| | 09 | | | |
| II. Combined Filter Effluent (CFE) Turbidity (All filtered systems) | | | | |
| 5. Plant Operation Hours | Combined Filter Effluent Turbidity | | 7. Plant Performance Level (xx.x%) | |
| | 6A. Number of Measurements | 6B. Number of Results Meeting PLR | <u>6B X 100</u> 6A | = |
| | | | | . % |
| <u>Turbidity Performance Level Requirements (NTUs)</u> ≤0.3 NTUs for Conventional, Direct, and Other ≤0.15 NTUs for Membrane ≤1.0 NTU for Slow Sand and DE | | | | |
| III. CFE Turbidity Exceedance Reporting (All filtered systems) | | | | |
| 8. Did any results exceed the maximum allowable turbidity level? <input type="checkbox"/> Yes <input type="checkbox"/> No <p style="text-align: center;"><u>Maximum Allowable Turbidity (NTUs)</u> 1 NTU for Conventional, Direct, Membrane, or Other 2.0 NTU for Slow Sand or DE</p> For the month, you <u>must</u> report all combined filter effluent (CFE) turbidity measurements that exceeded the maximum allowable turbidity level on an SDWA-1 form. (See reporting instructions (393-3301-003) for reporting CFE turbidity measurements.) | | | | |
| IV. CFE Continuous Turbidity Monitoring and Recording (All filtered systems) | | | | |
| 9. Was continuous turbidity monitoring and recording conducted at least every 15 minutes on the CFE? <input type="checkbox"/> Yes (Go directly to Section V) <input type="checkbox"/> No (Proceed to question 10) | | | | |
| 10. If there was a failure in the continuous turbidity monitoring or recording equipment on the CFE, did you conduct grab sampling and/or manual recording every 4 hours, for a period not exceeding 5 working days? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| V. Individual Filter Turbidity Exceedance Reporting (All filtered systems) | | | | |
| 11. Did any individual filter measurements exceed Trigger Level 1 or Trigger Level 2? <input type="checkbox"/> Yes <input type="checkbox"/> No Trigger Level 1: Turbidity >1.0 NTU in 2 consecutive measurements taken 15 minutes apart. Trigger Level 2: Turbidity >0.5 NTU in 2 consecutive measurements taken 15 minutes apart at the end of the first 4 hours of continuous operation after the filter is returned to service. For the month, you must report all individual filter turbidity measurements that exceeded either of the trigger levels for any of the individual filters regardless of the reason. Record all measurements on an SDWA-1 form. (See reporting instructions (393-3301-003) for reporting individual filter turbidity measurements.) | | | | |

Please see the reverse side

VI. Individual Filter Continuous Turbidity Monitoring and Recording (All filtered systems)

12. Was continuous turbidity monitoring and recording conducted on all individual filters in operation at least every 15 minutes? Yes (Go directly to Section VII) No (proceed to question 13)

13. If there was a failure in the continuous turbidity monitoring or recording equipment on any individual filter, did you conduct grab sampling and/or manual recording every 4 hours, for a period not exceeding 5 working days?
 Yes No

VII. LT2ESWTR Reporting (All filtered systems)

14. What was the highest Bin source used during the month?
 Bin 1 Bin 2 Bin 3 Bin 4

*(Bin 4 includes any unclassified SW or GUDI source used during the month)

- If Bin 1 using only **Conventional, Direct, Slow Sand, DE** or **Other** filtration, go to Section XI.
- If Bin 2 or higher using **Conventional** or **Direct** filtration, go to section VIII.
- If Bin 2 or higher and using **Slow Sand, DE,** or **Other** filtration, go to Section X.
- If Bin 2 or higher and claiming Cryptosporidium treatment credit using UV, go to Section X.
- If using **Membrane** filtration, (all Bin #s), go to Section IX.

VIII. CFE & IFE Performance Option – Conventional or Direct filtration using Bin 2 or higher

15. Was the CFE turbidity ≤ 0.15 NTU in at least 95% of the measurements for the month?
 Yes No

16. Was the IFE turbidity ≤ 0.15 NTU in at least 95% of the measurements for the month?
 Yes No

17. Was the IFE turbidity > 0.3 NTU in two consecutive measurements taken 15 minutes apart during the month?
 Yes No

Systems with Conventional filtration using Bin 2 source only: If the answer is "Yes" to Q15 & 16 and "No" to Q17 go to Section XI. All others, go to Section X.

IX. Membrane Filtration Integrity Testing

18. Did a Membrane Filtration Indirect Integrity Test Exceedance occur during the month?
 Yes No

19. Did a Membrane Filtration Direct Integrity Test Exceedance occur during the month?
 Yes No

X. Microbial Toolbox Monthly Operational Report, Form #3900-FM-BSDW0517

Complete the LT2ESWTR Monthly Operational Report (MOR) and submit it to the appropriate DEP Regional Office if any of the following conditions apply:

- PWS with Conventional filtration not meeting CFE and/or IFE Performance criteria in Section VIII,
- PWS with Membrane filtration using any Bin source,
- PWS with Direct, Slow Sand, DE, or Other filtration using a Bin 2, Bin 3 or Bin 4 source,
- PWS with UV claiming Cryptosporidium treatment credit,
- PWS with Conventional filtration using a Bin 3 or Bin 4 source.

XI. Verification

By signing this form, you are certifying that the information contained herein is true and correct to the best of your knowledge, information and belief. The information given is subject to the penalty provisions of the Crimes Code regarding unsworn falsification to authorities (18 P.S.C.S.A §4904.)

Approved by: _____ Date: _____