



**ADDENDUM FOR INDIVIDUAL FILTER  
TURBIDITY RESULTS  
MONTHLY OPERATION REPORT (MOR)  
IESWTR SYSTEMS,  $\geq 10,000$  population**

**PUBLIC WATER SYSTEM INFORMATION:**

PWS Name: \_\_\_\_\_ PWSID #: \_\_\_\_\_

STU Name: \_\_\_\_\_ STU #: \_\_\_\_\_

Reporting Month and Year: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Was the continuous filter monitoring or recording (every 15 minutes) equipment off-line during the month? **If yes**, indicate the filter number (s), the date(s), duration, and individual filter grab sampling frequency on a separate sheet.

**INDIVIDUAL FILTER EVENT:**

Did any individual filter exceed:

Yes \_\_\_\_\_ No \_\_\_\_\_ A. 1.0 NTU in two consecutive measurements taken 15 minutes apart? **If yes**, complete the table on the reverse side of this form and indicate required follow-up action status (i.e. filter profile).

Yes \_\_\_\_\_ No \_\_\_\_\_ B. 0.5 NTU in two consecutive measurements taken 15 minutes apart at the end of the first four hours of continuous operation after the filter has been backwashed, or otherwise taken offline? **If yes**, complete the table on the reverse side of this form and indicate required follow-up action status (i.e. filter profile).

Yes \_\_\_\_\_ No \_\_\_\_\_ C. 1.0 NTU in two consecutive measurements taken 15 minutes apart at any time in each of three consecutive months? **If yes**, complete the table on the reverse side of this form and indicate required follow-up action status (i.e. Individual Filter Self-Assessment, IFSA).

Yes \_\_\_\_\_ No \_\_\_\_\_ D. 2.0 NTU in two consecutive measurements taken 15 minutes apart at any time in each of two consecutive months? **If yes**, complete the table on the reverse side of this form and indicate required follow-up action status (i.e. Comprehensive Performance Evaluation, CPE).

**I certify under penalty of law that I have personally examined and am familiar with the data submitted in this MOR; that the data in this report is true, accurate and complete; and I am aware that falsification thereof could result in the imposition of fines and penalties including revocation of my certification as a public water system operator.**

Name of Certified Operator and Certification Number	Signature of Responsible Official	Date
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