



Monthly Operating Log (MOL): Membrane Turbidity Monitoring

Facility Name: _____

PWSID: _____

STUID: _____

Reporting Period: _____

Date	Membrane No. _____														
	Total Hours Filtering	Maximum Turbidity (NTU)	Number of Hours Results were Recorded	Total Hours Filtering	Maximum Turbidity (NTU)	Number of Hours Results were Recorded	Total Hours Filtering	Maximum Turbidity (NTU)	Number of Hours Results were Recorded	Total Hours Filtering	Maximum Turbidity (NTU)	Number of Hours Results were Recorded	Total Hours Filtering	Maximum Turbidity (NTU)	Number of Hours Results were Recorded
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
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15															
16															
17															
18															
19															

Date	Membrane No. _____														
	Total Hours Filtering	Maximum Turbidity (NTU)	Number of Hours Results were Recorded	Total Hours Filtering	Maximum Turbidity (NTU)	Number of Hours Results were Recorded	Total Hours Filtering	Maximum Turbidity (NTU)	Number of Hours Results were Recorded	Total Hours Filtering	Maximum Turbidity (NTU)	Number of Hours Results were Recorded	Total Hours Filtering	Maximum Turbidity (NTU)	Number of Hours Results were Recorded
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															

Results Exceeding 0.15 NTU

Membrane No.	Date	Time	Turbidity (NTU)	Duration (0.1 hrs)	Membrane No.	Date	Time	Turbidity (NTU)	Duration (0.1 hrs)	Membrane No.	Date	Time	Turbidity (NTU)	Duration (0.1 hrs)

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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