



# Monthly Operating Report (MOR) Addendum for Membrane Filtration

Facility Name: \_\_\_\_\_

PWSID: \_\_\_\_\_

STUID: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

Membrane Unit No.: \_\_\_\_\_

### **DIRECT INTEGRITY TESTING RESULTS**

Upper Control Limit (psi/min): \_\_\_\_\_

Minimum Applied Pressure: \_\_\_\_\_

Test Duration: \_\_\_\_\_ min.

Day	Pressure (psi)		ΔPtest (psi/min)	Within (UCL)? Y/N	CORRECTIVE ACTION TAKEN (if required)						
	Applied Initial	Final			Date/Time Removed from Service	Description of Repair Work	Verification of Integrity				Date/Time Returned to Service
							Pressure (psi)		ΔPtest (psi/min)	Within (UCL)? Y/N	
							Applied Initial	Final			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											

Day	Pressure (psi)		$\Delta$ Ptest (psi/min)	Within (UCL)? Y/N	CORRECTIVE ACTION TAKEN (if required)						
	Applied Initial	Final			Date/Time Removed from Service	Description of Repair Work	Verification of Integrity				Date/Time Returned to Service
							Pressure (psi)		$\Delta$ Ptest (psi/min)	Within (UCL)? Y/N	
							Applied Initial	Final			
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Min											
Max											
Avg											

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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PWSID: \_\_\_\_\_

STUID: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

Membrane Unit No.: \_\_\_\_\_

## INDIRECT INTEGRITY TESTING RESULTS (Turbidity Monitoring)

- Yes     No    Was the membrane unit monitored separately and continuously (every 15 minutes) for the entire month?  
**If no**, explain: \_\_\_\_\_
- Yes     No    Was the continuous membrane monitoring or recording (every 15 minutes) off-line during the month?  
**If yes**, indicate the date(s), duration and individual membrane grab sampling frequency on a separate sheet.
- Yes     No    Was the turbidimeter calibrated this month per manufacturer's specifications?  
**If yes**, description of repair: \_\_\_\_\_
- Yes     No    Did the membrane unit exceed 0.15 NTU in two consecutive measurements taken 15 minutes apart?  
**If yes**, complete the following table.

Date	Time	Turbidity Measurements (NTU)	Date/Time Removed from Service	Pressure (psi)		$\Delta P_{test}$ (psi/min)	Within (UCL)? Y/N	Description of Repair Work	Verification of Integrity			
				Applied Initial	Final				Pressure (psi)		$\Delta P_{test}$ (psi/min)	Within (UCL)? Y/N
									Applied Initial	Final		

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