STATE OF MONTANA: DEPT. OF ENVIRONMENTAL QUALITY

 *Return Completed Form to Public Water Supply Section, Metcalf Building, PO Box 200901*

 *Helena, Montana 59620-0901 -- By 10th of Following Month*

 SOURCE WATER QUALITY CONDITIONS FOR UNFILTERED SYSTEMS

Month       Year       PWSID MT      System/Water Source-

|  |  |
| --- | --- |
| Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Turbidity Measurements |
| Date | 1Coliform Measurements | 2MaximumTurbidity (NTU) | 3Turbidity"Event"Yes or No | 4TurbiditySpike (NTU)& Duration |
| No. of Samples | No. of Samples Meeting Specified Limits |
| Fecal | Total | Fecal ( 20/100 mL) | Total ( 100/100 mL) |
|  1 |       |       |       |       |       |       |       |
|  2 |       |       |       |       |       |       |       |
|  3 |       |       |       |       |       |       |       |
|  4 |       |       |       |       |       |       |       |
|  5 |       |       |       |       |       |       |       |
|  6 |       |       |       |       |       |       |       |
|  7 |       |       |       |       |       |       |       |
|  8 |       |       |       |       |       |       |       |
|  9 |       |       |       |       |       |       |       |
| 10 |       |       |       |       |       |       |       |
| 11 |       |       |       |       |       |       |       |
| 12 |       |       |       |       |       |       |       |
| 13 |       |       |       |       |       |       |       |
| 14 |       |       |       |       |       |       |       |
| 15 |       |       |       |       |       |       |       |
| 16 |       |       |       |       |       |       |       |
| 17 |       |       |       |       |       |       |       |
| 18 |       |       |       |       |       |       |       |
| 19 |       |       |       |       |       |       |       |
| 20 |       |       |       |       |       |       |       |
| 21 |       |       |       |       |       |       |       |
| 22 |       |       |       |       |       |       |       |
| 23 |       |       |       |       |       |       |       |
| 24 |       |       |       |       |       |       |       |
| 25 |       |       |       |       |       |       |       |
| 26 |       |       |       |       |       |       |       |
| 27 |       |       |       |       |       |       |       |
| 28 |       |       |       |       |       |       |       |
| 29 |       |       |       |       |       |       |       |
| 30 |       |       |       |       |       |       |       |
| 31 |       |       |       |       |       |       |       |
| Totals: |       |       |       |       | Maximum daily turbidity =       NTUTotal number of turbidity "events" =       |

Footnotes on back

VALIDATE IN-LINE TURBIDMETER(S) MONTHLY

Date:       By Whom:

Checked against:       Bench-top Turbidimeter or       Primary Turbidity Standard

UF-1 (12-96) DRAFT

BENCH-TOP CALIBRATION QUARTERLY BY A PRIMARY NTU STANDARD

Date:       By Whom:

Last Calibration Date:

Notes:

1. Raw water coliform and turbidity samples are taken from the source water immediately prior to the first disinfection point included in the CT determination. Fecal or total coliform samples must be taken on each day that the system operates and a source water turbidity measurement exceeds 1.0 NTU unless the department determines that the system, for logistical reasons outside the system's control, cannot have the samples analyzed within 30 hours of collection. A second additional sample must be from the source water prior to the first disinfection point and the results of that sample must be included in source water quality determination. The second sample must be collected near the first service connection, analyzed for total coliform as per a routine sample, and these results included in compliance determination for the total coliform MCL rule.

2. For each day that maximum turbidity exceeds 5.0 NTU, the date should also be entered for the day that the State was notified of this exceedance, e.g., "7:30 am - 22."

3. A "yes" response is required each day the maximum turbidity exceeds 5.0 NTU and the previous day did not. This is indicative of the beginning of a turbidity "event." The total number of "yes" responses equals the number of turbidity "events."

4. Turbidity spikes (NTU)/or equipment failures are to be recorded and duration, e.g., "6.5 NTU - 45 min." Do not record turbidity spikes of 10 minutes or less.

Form UF-1