STATE OF MONTANA: DEPT. OF ENVIRONMENTAL QUALITY

*Return Completed Form to Public Water Supply Section , Metcalf Building, P.O. Box 200901*

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

LONG-TERM SOURCE WATER QUALITY CONDITIONS

FOR UNFILTERED SYSTEMS

Year(s)       System/Water Source

PWSID# MT       Prepared by

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Turbidity Measurements | |
| 1  Month/Year | Coliform Measurements | | | | Days With  Turbidity  > 5 NTU | Turbidity  "Event"  Yes or No |
| No. of Samples | | No. of Samples Meeting Specified Limits | |
| Fecal | Total | Fecal (<=20/100 mL) | Total (<=100/100 mL) |
| January |  |  |  |  |  |  |
| February |  |  |  |  |  |  |
| March |  |  |  |  |  |  |
| April |  |  |  |  |  |  |
| May |  |  |  |  |  |  |
| June |  |  |  |  |  |  |
| July |  |  |  |  |  |  |
| August |  |  |  |  |  |  |
| September |  |  |  |  |  |  |
| October |  |  |  |  |  |  |
| November |  |  |  |  |  |  |
| December |  |  |  |  |  |  |
| 1. Rotate to have the previous six months recorded. | | | | | Total |  |

Source Water Quality Conditions

A. Cumulative number of months for which results are reported

For source water coliform monitoring       (No. of months)

For turbidity monitoring       (No. of months)

B. Coliform Criteria

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | No. of Samples | | |  | No. of Samples Meeting Specified Limits | | |
|  |  | Fecal |  | Total |  | Fecal (< = 20/100 mL) |  | Total (< = 100/100 mL) |
| Previous 6 months: | w = |  | x = |  | y = |  | z = |  |

Percentage of samples < = 20/100 mL fecal coliforms, F = y/w x 100 =      %

Percentage of samples < = 100/100 mL total coliforms, T = z/x x 100 =      %

Is F < 90%? Yes  No  N/A ; Is T < 90%? Yes  No  N/A

C. Turbidity Criteria

Maximum turbidity level for reporting (current) month =       NTU

Enter the month up to 120 months prior to the reporting month or January 1991 (whichever is later)

|  |  |  |
| --- | --- | --- |
| Dates of 5 NTU Exceedances Since Latest Month Recorded Above | | |
| Beginning Date | Duration (Days) | Date Reported |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Note: The current 6-month cumulatives are required to determine whether compliance with the coliform criteria has been achieved. These totals are calculated fromthe previous 6-month cumulatives: The current month's and totals from the earliest of 5 previous months.

Form UF-2 (12-96) DRAFT