



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER SUPPLY

INDIVIDUAL FILTER TURBIDITY EXCEEDANCE REPORT

PUBLIC WATER SYSTEM NAME & ADDRESS

PWSID						ENTRY POINT	FILTER NUMBER		SAMPLE PERIOD						START DATE						END DATE																			
															M M D D Y Y						M M D D Y Y																			

Read the following and answer "Y" for yes, or "N" for no as appropriate.

1. For this filter, were any individual turbidity measurements greater than 0.5 NTU in two consecutive measurements taken 15 minutes apart after the first four hours of filter operation; **or** were any two consecutive individual turbidity measurements taken 15 minutes apart greater than 1.0 NTU at any time? Y or N

2. If the answer to question number 1 is yes, is there an obvious reason for the elevated turbidity measurements? Y or N

If the answer to question number 2 is **yes**, a statement explaining the reason for the elevated turbidity measurements is to be attached to this form.

If the answer to question number 2 is **no**, a filter profile is required within 7 days of the exceedance and is to be attached to this form.

3. For this filter, were any individual turbidity measurements greater than 1.0 NTU in two consecutive measurements taken 15 minutes apart in each of 3 consecutive months? Y or N

If the answer to question number 3 is **yes**, a Self Assessment of Filter is due within 14 days.

If the answer to question number 3 is **no**, continue to question number 4.

4. For this filter, were any individual turbidity measurements greater than 2.0 NTU in two consecutive measurements taken 15 minutes apart in each of 2 consecutive months? Y or N

If the answer to question number 4 is **yes**, a Comprehensive Performance Evaluation is required to be performed within 30 days of the exceedance, and provided to the State within 90 days of the exceedance

I CERTIFY THAT THE INFORMATION LISTED ON THIS FORM ACCURATELY CORRESPONDS TO THE OPERATION OF THIS FACILITY FOR THE REPORTING PERIOD SPECIFIED HEREIN.

PREPARED BY: _____ DATE: _____ APPROVED BY: _____ DATE: _____

Phone: () _____ Phone: () _____