



Massachusetts Department of Environmental Protection - Drinking Water Program  
**TURBIDITY DATA FOR GROUND WATER SYSTEMS—INDIRECT INTEGRITY TESTING FOR MEMBRANE FILTRATION<sup>1</sup>**—For reporting values over 0.15 NTU

**GWR  
MF**

**I. PWS INFORMATION:**

PWSID#:  PWS Name:  PWS Town:   
 Treatment Plant Name:  Reporting Period → Month:  Year:   
 Treatment Plant ID #:

**II. DAILY REPORTING:**

Filtered Water Turbidity Measured by:  Filter #   
 Type or Membrane  UF  NanoFiltration  RO  Other

Day	A Record First Filtered water Turbidity Reading > 0.15 NTU	B Is Second Consecutive Filtered Water Turbidity Reading (taken within 15 minutes of 1 <sup>st</sup> reading) in column A > 0.15 NTU? If "Yes": (a) Record value and record time (b) remove filter from service for assessment. If "No": Record value. Filter is in compliance	C Record (a) date and (b) time the filter was removed from service for assessment. <sup>2,3,4</sup>	D Record (a) date and (b) time the filter was returned to service if returned within this month	E Comments: Write reason(s) for any failures. Describe any corrective actions.
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- NOTE:** 1. All membranes must operate in accordance to 310CMR 22.26(4)(b)b.  
 2. If the filtrate turbidity readings are above 0.15 NTU for a period of greater than 15 minutes in two consecutive 15 minute turbidity readings, then the membrane unit is defective and must be taken off-line or filter assessed and evaluated.  
 3. Notify MassDEP of system failure if system cannot be restored in 4 hours, but no later than the end of the next business day in accordance with 310 CMR 22.26(6)(a).  
 4. If the system fails to meet the 4-logs for viral removal before or at the first customer, then this constitutes a treatment technique violation in accordance to 310 CMR22.26(5)(c) and (d).

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

PWS Authorized Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Title: \_\_\_\_\_

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.