

**SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT
IOWA DNR WATER SUPPLY
Membrane Filtration**

Plant: TP _____
 System Name: _____
 Membrane Unit #: _____ of _____

PWSID #: _____
 Month: _____
 Year: _____

DIT Criteria	Test Parameters and Additional Data												
	P _{TEST} (psi)	Min Test Duration (minutes)	UCL (psi/min)	LRV _{C-TEST}			Op Criteria	Max TMP (psi)	Max Filter Flux (gfd)				

Day	Individual Unit Performance Data													
	Operational Data			Direct Integrity Test (DIT)						Indirect Integrity Test (IIT)				
	Daily Prod (MG)	Daily Max TMP (psi)	Normalized Specific Flux (gfd/psi)		P _{INITIAL} (psi)	P _{FINAL} (psi)	Test Duration (Min)	P _{TEST} (psi/min)	Within UCL (Y/N)	LRV Verified	Daily Highest Turbidity (NTU)	# of Consec Results > 0.15 NTU	Daily Highest Particle Count	# of Consec Results > 30 counts/mL
1														
2														
3														
4														
5														
6														
7														
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26														
27														
28														
29														
30														
31														
Total														
Avg														
Max														
Min														

I certify that I am familiar with the information contained in this report and that, to the best of my knowledge, the information is true, complete, and accurate.
 DRC Operator or Designee's Signature: _____
 Certificate #: _____ Grade: _____ Date: _____

SURFACE WATER/INFLUENCED GROUNDWATER MONTHLY OPERATION REPORT

IOWA DNR WATER SUPPLY

Membrane Filtration Summary

Plant: TP _____

PWSID #: _____

System Name: _____

Month: _____

Year: _____

Direct Integrity Test (DIT)

Were all DIT results within UCL?

Yes No

If No, Complete the Table Below:

Were all LRV's verified during the DIT equal to or above the LRV assigned to the unit?

Yes No

If No, Complete the Table Below:

Corrective Action Taken (If Required)

Membrane Unit #	Date/Time Removed From Service	Description of Repair Work	Verification of Integrity				Date/Time Returned To Service
			P _{INITIAL}	P _{FINAL}	Test Duration (Min.)	ΔP _{TEST} (psi/min)	

Indirect Integrity Test (IIT)

Were all membrane units monitored separately and continuously (every 15 min.) for the entire month? **If no, explain:** _____

Yes No

Was the continuous membrane monitoring or recording equipment (every 15 min.) off-line during the month? **If yes, explain:** _____

Yes No

Did any membrane units experience turbidity exceedances of 0.15 NTU or particle counts of 30 counts/mL in two consecutive measurements taken 15 minutes apart?

Yes No

If Yes, Complete the Table Below:

Were there any other conditions that initiated a DIT

Yes No

If Yes, Complete the Table Below:

Corrective Action Taken (If Required)

Membrane Unit #	Date/Time Removed From Service	Triggered DIT					Description of Repair Work or Condition	Verification of Integrity					Date/Time Returned To Service
		P _{INITIAL}	P _{FINAL}	Test Duration (Min.)	ΔP _{TEST} (psi/min)	Within UCL (Y/N)		P _{INITIAL}	P _{FINAL}	Test Duration (Min.)	ΔP _{TEST} (psi/min)	Within UCL (Y/N)	