MONTHLY TURBIDITY MONITORING REPORT
(On-line Instruments)

Manitoba
Water Stewardship

WATER SYSTEM:_____ **WATER SYSTEM CODE:**_____

MONTH: **Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec** **YEAR: 20**_____

OPERATOR-IN-CHARGE: _____ **Confirmatory * Location:**_____

Date	Operator Initials	TURBIDITY, NTU									
		Raw Avg.	Confirmatory *Portable*	Filter #1		Filter #2		Entering Reservoir		Leaving Reservoir	
				Avg.	Max.	Avg.	Max.	Avg.	Max.	Avg.	Max.
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2.											
3.											
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31.											

Total Number of Measurements Taken, A:	**A:**	**A:**	**A:**
Turbidity Standard for Monitoring Location (NTU):			
Number of Measurements Meeting Standard, B:	**B:**	**B:**	**B:**
Compliance with Turbidity Standard, C = B/A X 100%:			

Submitted by (Print): _____ Signature: _____

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PLEASE CONTACT YOUR DRINKING WATER OFFICER WITH ANY COMMENTS, QUESTIONS OR CONCERNS