

OHA - Drinking Water Program - Turbidity Monitoring Report Form. County: Washington
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

System Name: BANKS WATER DEPARTMENT ID #: OR4100076 WTP: WTP-A Month/Year: APRIL 2021

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1	.052						
2	.052						
3	.051						
4	.053						
5	.047						
6	.046						
7	.038						
8	.032						
9	.042						
10	.047						
11	.043						
12	.042						
13	.042						
14	.044						
15	.042						
16	.037						
17	.041						
18	.042						
19	.043						
20	.042						
21	.046						
22	.047						
23	.052						
24	.059						
25	.060						
26	.067						
27	.078						
28	.082						
29	.097						
30	.126						
31							

low Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
	5% of daily turbidity readings \leq 1 NTU? ² <u>Yes</u> / No All daily turbidity readings \leq 5 NTU? <u>Yes</u> / No	CT's met everyday? (see back) <u>Yes</u> / No All Cl ₂ residual at entry point \geq 0.2 mg/l? <u>Yes</u> / No
Notes:	PRINTED NAME: <u>Thomas Tuski</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>4-30-2021</u>
	PHONE #: <u>(503) 1324-5112</u>	CERT #: <u>T-08847</u>

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. ² Filtered systems only.

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp.	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	.97	201	194	11.0	7.29	63	yes	
2/	1.05		210	10.6	7.36	54	yes	
3/	.90		190	10.6	7.29	66	yes	
4/	1.03		206	10.3	7.37	44	yes	
5/	1.07		214	12.7	7.47	45	yes	
6/	1.04		208	11.7	7.41	53	yes	
7/	1.01		202	12.9	7.50	45	yes	
8/	1.02		204	10.1	7.48	45	yes	
9/	.94		188	11.8	7.69	53	yes	
10/	.97		194	11.2	7.57	53	yes	
11/	.97		194	9.0	7.53	72	yes	
12/	.90		180	9.9	7.51	70	yes	
13/	.98		196	12.0	7.75	54	yes	
14/	.97		194	11.9	7.69	53	yes	
15/	.95		190	11.7	7.71	53	yes	
16/	.90		180	11.2	7.53	53	yes	
17/	.93		186	11.0	7.59	53	yes	
18/	.94		188	14.5	7.77	53	yes	
19/	.91		182	11.5	7.52	53	yes	
20/	.96		192	14.1	7.78	54	yes	
21/	.87		174	13.4	7.74	53	yes	
22/	.92		184	14.1	7.80	53	yes	
23/	.96		192	13.4	7.80	53	yes	
24/	.90		192	13.3	7.74	53	yes	
25/	.95		190	13.1	7.75	53	yes	
26/	.96		192	12.5	7.74	53	yes	
27/	.99		198	12.8	7.77	53	yes	
28/	.95		190	14.1	7.77	53	yes	
29/	.87		174	13.9	7.82	53	yes	
30/	.90		180	14.2	7.89	53	yes	
31/								

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWP by end of next business day.

Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf