

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Washington
 Month/Year: Dec-21

Conventional or Direct Filtration

System Name:	Banks Water Department		ID#: 41	00076			WTP : TP -	A
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	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
2	0.02	0.02	0.02	0.02	0.02	0.03	0.03	
3	0.03	0.02	0.02	0.02	0.02	0.02	0.03	
4	0.02	0.02	0.02	0.02	0.01	0.02	0.02	
5	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
6	0.02	0.03	0.02	0.02	0.02	0.02	0.03	
7	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
8	0.03	0.02	0.02	0.03	0.02	0.03	0.03	
9	0.02	0.02	0.03	0.02	0.02	0.03	0.03	
10	0.02	0.03	0.03	0.02	0.02	0.02	0.03	
11	0.02	0.02	0.02	0.02	0.03	0.03	0.03	
12	0.02	0.04	0.03	0.03	0.04	0.04	0.04	
13	0.04	0.05	0.04	0.04	0.04	0.05	0.05	
14	0.06	0.05	0.06	0.06	0.06	0.06	0.06	
15	0.05	0.05	0.05	0.05	0.05	0.05	0.05	
16	0.05	0.04	0.04	0.04	0.04	0.04	0.05	
17	0.04	0.04	0.04	0.03	0.03	0.04	0.04	
18	0.04	0.04	0.04	0.03	0.04	0.03	0.04	
19	0.04	0.04	0.04	0.04	0.05	0.05	0.05	
20	0.06	0.07	0.08	0.12	0.16	0.16	0.16	
21	0.20	0.16	0.14	0.16	0.12	0.19	0.20	
22	0.18	0.20	0.18	0.19	0.14	0.19	0.20	
23	0.30	0.39	0.42	0.46	0.48	0.50	0.50	
24	0.51	0.53	0.54	0.54	0.55	0.54	0.55	
25	0.54	0.54	0.52	0.50	0.48	0.44	0.54	
26	0.40	0.36	0.27	0.25	0.24	0.23	0.40	
27	0.23	0.23	0.22	0.22	0.22	0.23	0.23	
28	0.23	0.23	0.23	0.23	0.23	0.24	0.24	
29	0.24	0.24	0.23	0.23	0.16	0.18	0.24	
30	0.17	0.17	0.15	0.14	0.13	0.12	0.17	
31	0.12	0.11	0.11	0.11	0.11	0.11	0.12	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes <input type="radio"/> No		

Notes:	PRINTED NAME: Curtis Olson	
	SIGNATURE: <i>Curtis Olson</i>	1/10/2022
	PHONE #: (503) - 729 -1028	CERT #: 216644

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

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System Name:	Banks Water Department	ID#: 41	00076	Month/Year:	Dec-21	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	0.77	201	154.8	45.0	7.02	3.1	YES	220
2	0.75	201	150.8	45.0	7.03	3.1	YES	220
3	0.78	201	156.8	45.0	7.06	3.2	YES	220
4	0.76	201	152.8	44	7.02	3.4	YES	220
5	0.75	201	150.8	45	7.04	3.1	YES	220
6	0.78	201	156.8	44	7.07	3.4	YES	220
7	0.73	201	146.7	45	6.98	3.0	YES	220
8	0.72	201	144.7	47	7.00	2.6	YES	220
9	0.71	201	142.7	45	7.01	3.1	YES	220
10	0.71	201	142.7	44	7.02	3.3	YES	220
11	0.70	201	140.7	45	7.02	3.1	YES	220
12	0.72	201	144.7	45	7.05	3.1	YES	220
13	0.58	201	116.6	44	7.08	3.4	YES	220
14	0.57	201	114.6	43	7.05	3.6	YES	220
15	0.55	201	110.6	43	7.05	3.6	YES	220
16	0.64	201	128.6	42	7.05	3.9	YES	220
17	0.66	201	132.7	43	7.05	3.6	YES	220
18	0.72	201	144.7	43	7.05	3.7	YES	220
19	0.70	201	140.7	43	7.05	3.7	YES	220
20	0.70	201	140.7	42	7.07	4.0	YES	220
21	0.64	201	128.6	43	7.09	3.7	YES	220
22	0.67	201	134.7	44	7.07	3.4	YES	220
23	0.67	201	134.7	45	7.07	3.1	YES	220
24	0.71	201	142.7	44	7.06	3.4	YES	220
25	0.67	201	134.7	43	7.07	3.7	YES	220
26	0.73	201	146.7	42	7.08	4.0	YES	220
27	0.72	201	144.7	40	7.09	4.7	YES	220
28	0.76	201	152.8	40	7.13	4.8	YES	220
29	0.74	201	148.7	39	7.12	5.2	YES	220
30	0.77	201	154.8	39	7.14	5.2	YES	220
31	0.73	201	146.7	38	7.13	5.6	YES	220

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350