

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Washington
 Month/Year: Apr-22

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	0.07	0.05	0.04	0.03	0.02	0.00	0.07	
2	0.00	0.00	0.00	0.01	0.02	0.02	0.02	
3	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
4	0.02	0.02	0.02	0.02	0.02	0.03	0.03	
5	0.00	0.00	0.00	0.00	0.01	0.03	0.03	
6	0.00	0.01	0.01	0.00	0.01	0.00	0.01	
7	0.00	0.00	0.01	0.01	0.01	0.01	0.01	
8	0.00	0.01	0.01	0.01	0.01	0.00	0.01	
9	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
20	0.00	0.00	0.00	0.17	0.04	0.04	0.17	
21	0.03	0.03	0.03	0.03	0.04	0.03	0.04	
22	0.04	0.04	0.03	0.03	0.04	0.04	0.04	
23	0.03	0.04	0.03	0.04	0.03	0.04	0.04	
24	0.04	0.04	0.04	0.04	0.04	0.03	0.04	
25	0.04	0.04	0.03	0.02	0.04	0.04	0.04	
26	0.04	0.03	0.03	0.04	0.04	0.03	0.04	
27	0.03	0.05	0.03	0.03	0.04	0.03	0.05	
28	0.03	0.03	0.04	0.04	Plant OFF	Plant OFF	0.04	
29	Plant OFF	Plant OFF	Plant OFF	Plant OFF	Plant OFF	Plant OFF	0.00	
30	Plant OFF	Plant OFF	Plant OFF	Plant OFF	0.35	0.43	0.43	
31							0.00	

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>	5/9/2022
	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 Efl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :	A
Disinfection <i>Giardia</i> Log Inactive:	1

System Name: Banks Water Department ID#: 41 00076 Month/Year: Apr-22

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	0.65	201	130.7	48	6.94	2.3	YES	220
2	0.80	201	160.8	49	7.26	2.5	YES	220
3	0.81	201	162.8	50	7.26	2.3	YES	220
4	0.82	201	164.8	49	7.26	2.5	YES	220
5	0.65	201	130.7	48	6.97	2.3	YES	220
6	0.62	201	124.6	47	7.23	2.8	YES	220
7	0.79	201	158.8	48	7.23	2.7	YES	220
8	0.83	201	166.8	50	7.21	2.2	YES	220
9	0.85	201	170.9	48	7.21	2.7	YES	220
10	0.85	201	170.9	47	7.21	2.9	YES	220
11	0.85	201	170.9	43	7.21	4.0	YES	220
12	0.83	201	166.8	41	7.24	4.7	YES	220
13	0.80	201	160.8	41	7.24	4.7	YES	220
14	0.69	201	138.7	43	7.21	3.9	YES	220
15	0.60	201	120.6	44	7.31	3.7	YES	220
16	0.60	201	120.6	44	7.21	3.6	YES	220
17	0.60	201	120.6	44	7.21	3.6	YES	220
18	0.60	201	120.6	46	7.24	3.1	YES	220
19	0.62	201	124.6	46	7.24	3.1	YES	220
20	0.63	201	126.6	47	7.24	2.9	YES	220
21	0.64	201	128.6	47	7.21	2.8	YES	220
22	0.60	201	120.6	48	7.20	2.6	YES	220
23	0.60	201	120.6	48	7.18	2.5	YES	220
24	0.60	201	120.6	49	7.17	2.3	YES	220
25	0.61	201	122.6	50	7.18	2.1	YES	220
26	0.65	201	130.6	50	7.18	2.1	YES	220
27	0.65	201	130.6	50	7.16	2.1	YES	220
28	0.62	201	124.6	50	6.98	1.9	YES	220
29	0.61	201	122.6	50	7.52	2.5	YES	220
30	0.59	201	118.6	51	7.42	2.2	YES	220
31								

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