

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Washington

Conventional or Direct Filtration

Month/Year: Jun-22

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	0.12	0.11	0.14	0.13	0.12	0.10	0.14
2	0.09	0.09	0.13	0.13	0.11	0.10	0.13
3	0.09	0.09	0.13	0.13	0.13	0.09	0.13
4	0.10	0.11	0.16	0.21	0.18	0.12	0.21
5	0.14	0.12	0.12	0.13	0.10	0.09	0.14
6	0.20	0.20	0.20	0.13	0.09	0.10	0.20
7	0.21	0.23	0.17	0.11	0.09	0.09	0.23
8	0.16	0.18	0.15	0.09	0.07	0.09	0.18
9	0.14	0.15	0.15	0.12	0.14	0.14	0.15
10	0.14	0.14	0.11	0.09	0.10	0.08	0.14
11	0.09	0.10	0.10	0.09	0.09	0.10	0.10
12	0.10	0.11	0.10	0.08	0.06	0.09	0.11
13	0.08	0.06	0.07	0.08	0.06	0.06	0.08
14	0.07	0.06	0.07	0.06	0.09	0.07	0.09
15	0.07	0.07	0.07	0.08	0.08	0.09	0.09
16	0.07	0.07	0.09	0.09	0.07	0.09	0.09
17	0.09	0.09	0.09	0.09	0.10	0.10	0.10
18	0.09	0.09	0.08	0.09	0.08	0.09	0.09
19	0.09	0.09	0.09	0.09	0.01	0.09	0.09
20	0.08	0.09	0.09	0.10	0.08	0.10	0.10
21	0.09	0.11	0.11	0.05	0.04	0.04	0.11
22	0.04	0.05	0.03	0.03	0.04	0.03	0.05
23	0.04	0.04	0.07	0.06	0.06	0.05	0.07
24	0.06	0.06	0.06	0.05	0.04	0.06	0.06
25	0.05	0.04	0.04	0.05	0.04	0.04	0.05
26	0.04	0.05	0.04	0.06	0.05	0.06	0.06
27	0.06	0.06	0.06	0.06	0.05	0.06	0.06
28	0.06	0.06	0.07	0.07	0.15	0.15	0.15
29	0.14	0.14	0.15	0.15	0.21	0.17	0.21
30	0.17	0.18	0.17	0.12	0.10	0.10	0.18
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>	7/8/2022
	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 - : **A**

System Name:	Banks Water Department	ID#: 41	00076	Month/Year:	Jun-22	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st 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]		formula	Yes / No	[GPM]
1	0.68	201	136.7	13.72	7.19	30.7	YES	165
2	0.71	201	142.7	14.5	7.23	29.7	YES	165
3	0.68	201	136.7	15.5	7.24	27.8	YES	165
4	0.79	201	158.8	14.89	7.28	29.7	YES	165
5	0.89	201	178.9	15.00	7.27	29.7	YES	165
6	0.84	201	168.8	14.45	7.24	30.3	YES	165
7	0.94	201	188.9	14.45	7.23	30.6	YES	165
8	0.84	201	168.8	15.00	7.21	28.9	YES	165
9	0.89	201	178.9	15.00	7.22	29.2	YES	165
10	0.81	201	162.8	15.00	7.19	28.6	YES	165
11	0.83	201	166.8	15.00	7.11	27.8	YES	165
12	0.81	201	162.8	14.45	7.02	27.9	YES	165
13	0.83	201	166.8	13.89	6.99	28.7	YES	165
14	0.83	201	166.8	13.89	6.98	28.6	YES	165
15	0.96	201	193.0	13.33	6.99	30.2	YES	165
16	0.64	201	128.6	13.78	2.50	4.9	YES	165
17	0.84	201	168.8	13.89	6.97	28.5	YES	165
18	0.79	201	158.8	13.89	6.92	27.8	YES	165
19	0.81	201	162.8	13.89	6.92	27.9	YES	165
20	0.76	201	152.8	13.89	6.92	27.7	YES	165
21	0.81	201	162.8	14.45	6.92	26.8	YES	165
22	0.86	201	172.9	15.00	6.89	25.7	YES	165
23	0.83	201	166.8	14.45	6.92	26.9	YES	165
24	0.89	201	178.9	14.45	6.91	27.0	YES	165
25	0.78	201	156.8	16.11	6.89	23.7	YES	165
26	0.78	201	156.8	16.67	6.89	22.8	YES	165
27	0.78	201	156.8	17.22	6.87	21.8	YES	165
28	0.83	201	166.8	17.22	6.92	22.3	YES	165
29	0.76	201	152.8	16.67	7.04	24.0	YES	165
30	0.90	201	180.9	16.11	7.08	25.7	YES	165
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