



Environmental Protection Agency

Division of Drinking and Ground Waters



Addendum for Bank Filtration

Ohio EPA
DDAGW-Central Office
50 West Town Street, Suite 700
Columbus, Ohio 43215
(614) 644-2752 FAX (614) 644-2909

PUBLIC WATER SYSTEM INFORMATION:

PWS Name: _____

PWSID: OH _____

STU Name: _____

STU ID: OH _____

Address: _____

City, State, Zip: _____

County: _____

Reporting Month and Year: _____

Yes ___ No ___ Was each wellhead monitored for turbidity at least once within the first and last hours of bank filtration operation and at least every four hours in between?

_____ What was the maximum daily turbidity value for each wellhead?

_____ What was the date and time in which the maximum turbidity value occurred?

Yes ___ No ___ Did a daily maximum value from a wellhead exceed 1 NTU?

If a wellhead exceeded 1 NTU:

_____ What was the turbidity value and date for each exceedance?

Yes ___ No ___ Was an assessment completed within 30 days of the exceedance?

Yes ___ No ___ If not, did a 30 day deadline for an assessment occur during this month?

COMMENTS:

I certify under penalty of law that I have personally examined and am familiar with the data submitted in this MOR; that the data in this report is true, accurate and complete; and I am aware that falsification thereof could result in the imposition of fines and penalties including revocation of my certification as a public water system operator.

Name of Certified Operator and Certification Number	Signature of Responsible Official	Date
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