Addendum for Bank Filtration

Ohio EPA
DDAGW-Central Office
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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  Signature of
and Certification Number  Responsible Official

Date