

OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Washington**
 Month/Year: **January/2023**

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	0.89	0.9	0.93	1.04	1.05	0.37	1.06	
2	0.35	0.32	0.29	0.26	0.26	0.24	0.35	
3	0.24	0.22	0.21	0.2	0.14	0.13	0.24	
4	0.13	0.14	0.13	0.12	0.12	0.12	0.17	
5	0.11	0.1	0.1	0.1	0.1	0.1	0.12	
6	0.1	0.1	0.1	0.1	0.09	0.09	0.1	
7	0.09	0.1	0.09	0.09	0.09	0.09	0.1	
8	0.09	0.1	0.09	0.09	0.09	0.09	0.1	
9	0.09	0.09	0.09	0.09	0.09	0.08	0.12	
10	0.09	0.09	0.09	0.09	0.09	0.09	0.09	
11	0.09	0.1	0.1	0.09	0.09	0.09	0.1	
12	0.09	0.09	0.09	0.09	0.09	0.09	0.1	
13	0.1	0.12	0.12	0.12	0.12	0.13	0.13	
14	0.13	0.13	0.12	0.12	0.12	0.12	0.13	
15	0.12	0.12	0.12	0.11	0.1	0.12	0.12	
16	0.12	0.12	0.13	0.13	0.13	0.14	0.14	
17	0.14	0.16	0.14	0.13	0.14	0.13	0.16	
18	0.14	0.16	0.16	0.16	0.16	0.16	0.18	
19	0.16	0.17	0.17	0.17	0.16	0.16	0.17	
20	0.14	0.14	0.13	0.12	0.1	0.09	0.17	
21	0.25	0.29	0.26	0.24	0.21	0.2	0.31	
22	0.17	0.17	0.16	0.14	0.14	0.13	0.28	
23	0.14	0.14	0.14	0.13	0.12	0.12	0.16	
24	0.12	0.13	0.12	0.12	0.1	0.1	0.13	
25	0.1	0.12	0.12	0.1	0.1	0.09	0.13	
26	0.09	0.1	0.1	0.09	0.09	0.09	0.1	
27	0.09	0.09	0.09	0.09	0.08	0.08	0.09	
28	0.09	0.09	0.09	0.09	0.09	0.09	0.12	
29	0.09	0.09	0.09	0.08	0.08	0.08	0.09	
30	0.08	0.08	0.08	0.08	0.06	0.06	0.09	
31	0.06	0.08	0.08	0.08	0.06	0.06	0.08	

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 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 daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No			

Notes:	PRINTED NAME: Jeffrey Olson	
	SIGNATURE:	DATE:02/01/2023
	PHONE #: (503)-554-8333 ex. 109	CERT #: T-766039

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 Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :

A

System Name: Banks Water Department

ID#: 41

00076

Month/Year:

Disinfection Giardia Log

Inactiv:

1.0

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	1.75	201	351.8	7.50	7.02	49.2	YES	215
2	1.74	201	349.7	7.94	7.03	47.9	YES	215
3	1.96	201	394.0	7.22	7.04	51.7	YES	215
4	1.85	201	371.9	7.22	7.04	51.0	YES	215
5	1.88	201	377.9	7.00	7.06	52.4	YES	215
6	1.90	201	381.9	7.72	7.04	49.7	YES	215
7	1.90	201	381.9	8.11	7.04	48.4	YES	215
8	1.50	201	301.5	8.39	7.04	45.4	YES	215
9	1.29	201	259.3	8.11	7.03	45.0	YES	215
10	1.36	201	273.4	8.44	7.04	44.6	YES	215
11	1.29	201	259.3	8.28	7.04	44.7	YES	215
12	1.28	201	257.3	8.33	7.04	44.5	YES	215
13	1.27	201	255.3	9.11	7.06	42.5	YES	215
14	1.26	201	253.3	9.33	7.04	41.5	YES	215
15	1.30	201	261.3	9.39	7.04	41.6	YES	215
16	1.31	201	263.3	8.83	7.04	43.2	YES	215
17	1.32	201	265.3	9.00	7.06	43.1	YES	215
18	1.34	201	269.3	8.56	7.08	44.8	YES	215
19	1.34	201	269.3	8.67	7.09	44.6	YES	215
20	1.37	201	275.4	7.11	7.09	49.6	YES	215
21	1.34	201	269.3	7.72	7.06	47.0	YES	215
22	1.40	201	281.4	6.39	7.04	51.3	YES	215
23	1.45	201	291.5	6.78	7.06	50.6	YES	215
24	1.46	201	293.5	7.06	7.06	49.7	YES	215
25	1.50	201	301.5	6.67	7.06	51.3	YES	215
26	1.50	201	301.5	7.00	7.06	50.2	YES	215
27	1.50	201	301.5	7.33	7.06	49.1	YES	215
28	1.52	201	305.5	7.44	7.07	49.0	YES	215
29	1.53	201	307.5	7.72	7.07	48.2	YES	215
30	1.54	201	309.5	5.50	7.12	56.9	YES	215
31	1.56	201	313.6	4.89	7.13	59.5	YES	215

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

Revised November 2022

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350