

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

County: **Washington**
 Month/Year: **August/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	0.12	0.12	0.12	0.11	0.11	0.11	0.12
2	0.12	0.12	0.12	0.12	0.11	0.11	0.13
3	0.12	0.12	0.12	0.12	0.11	0.11	0.15
4	0.12	0.14	0.12	0.12	0.11	0.12	0.16
5	0.12	0.13	0.13	0.12	0.12	0.12	0.17
6	0.13	0.13	0.13	0.13	0.12	0.12	0.17
7	0.12	0.15	0.12	0.12	0.12	0.08	0.17
8	0.1	0.11	0.1	0.09	0.09	0.09	0.11
9	0.11	0.12	0.09	0.09	0.09	0.09	0.13
10	0.11	0.1	0.09	0.09	0.09	0.08	0.13
11	0.09	0.11	0.09	0.08	0.1	0.08	0.31
12	0.11	0.11	0.09	0.09	0.09	0.09	0.14
13	0.11	0.11	0.11	0.09	0.1	0.09	0.7
14	0.11	0.12	0.11	0.11	0.11	0.11	0.13
15	0.12	0.12	0.12	0.12	0.12	0.11	0.14
16	0.12	0.13	0.12	0.12	0.12	0.12	0.2
17	0.12	0.13	0.12	0.12	0.12	0.11	0.16
18	0.12	0.12	0.12	0.11	0.11	0.11	0.13
19	0.11	0.11	0.11	0.09	0.09	0.09	0.15
20	0.09	0.11	0.11	0.1	0.09	0.09	0.11
21	0.11	0.11	0.11	0.1	0.09	0.09	0.11
22	0.11	0.11	0.09	0.09	0.09	0.08	0.12
23	0.09	0.09	0.08	0.08	0.08	0.08	0.09
24	0.08	0.09	0.08	0.08	0.08	0.08	0.1
25	0.08	0.09	0.09	0.09	0.09	0.09	0.15
26	0.11	0.11	0.11	0.09	0.09	0.09	0.11
27	0.11	0.11	0.11	0.1	0.09	0.09	0.12
28	0.11	0.11	0.11	0.11	0.09	0.11	0.15
29	0.11	0.11	0.11	0.12	0.13	0.15	0.16
30	0.09	0.09	0.11	0.11	0.11	0.11	0.12
31	0.11	0.09	0.09	0.09	0.09	0.09	0.11

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: <i>Jeffrey Olson</i>	DATE: 9/7/2023
	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
 Disinfection Giardia Log
 Inactiv: 1.0

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

Date / Time	Minimum Cl2 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	0.79	201	158.8	17.44	7.52	27.4	YES	215
2	0.82	201	164.8	17.56	7.51	27.2	YES	215
3	0.85	201	170.9	17.72	7.53	27.2	YES	215
4	0.84	201	168.8	18.00	7.54	26.7	YES	215
5	0.88	201	176.9	18.11	7.52	26.5	YES	215
6	0.95	201	191.0	18.50	7.52	26.0	YES	215
7	0.90	201	180.9	19.06	7.54	25.1	YES	215
8	0.95	201	191.0	18.94	7.55	25.5	YES	215
9	0.91	201	182.9	18.61	7.58	26.3	YES	215
10	0.93	201	186.9	18.22	7.58	27.0	YES	215
11	0.93	201	186.9	17.78	7.6	28.0	YES	215
12	0.96	201	193.0	18.22	7.64	27.7	YES	215
13	0.91	201	182.9	18.44	7.61	26.9	YES	215
14	0.95	201	191.0	18.72	7.62	26.6	YES	215
15	0.93	201	186.9	20.00	7.61	24.3	YES	215
16	0.92	201	184.9	20.44	7.62	23.6	YES	215
17	0.87	201	174.9	20.50	7.58	23.0	YES	215
18	0.87	201	174.9	20.83	7.6	22.7	YES	215
19	0.77	201	154.8	19.72	7.55	23.7	YES	215
20	0.83	201	166.8	18.89	7.55	25.3	YES	215
21	0.80	201	160.8	19.17	7.5	24.2	YES	215
22	0.88	201	176.9	18.56	7.49	25.4	YES	215
23	0.83	201	166.8	18.17	7.45	25.5	YES	215
24	0.89	201	178.9	17.50	7.42	26.6	YES	215
25	0.78	201	156.8	18.17	7.4	24.9	YES	215
26	0.78	201	156.8	18.22	7.4	24.8	YES	215
27	0.73	201	146.7	18.39	7.38	24.2	YES	215
28	0.73	201	146.7	17.83	7.37	25.1	YES	215
29	0.86	201	172.9	17.83	7.4	25.7	YES	215
30	0.84	201	168.8	17.72	7.4	25.9	YES	215
31	0.83	201	166.8	18.06	7.38	25.1	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