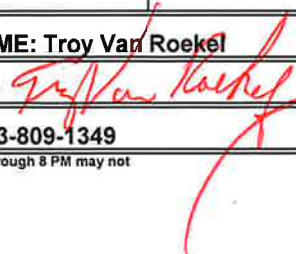


OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Washington**
 Month/Year: **June/2024**

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	0.19	0.17	0.53	0.17	0.16	0.17	0.53	
2	0.07	0.1	0.11	0.09	0.07	0.07	0.11	
3	0.07	0.09	0.07	0.07	0.07	0.07	0.09	
4	0.09	0.09	0.07	0.05	0.04	0.04	0.09	
5	0.05	0.05	0.05	0.04	0.03	0.03	0.06	
6	0.05	0.07	0.05	0.04	0.04	0.04	0.07	
7	0.05	0.07	0.07	0.05	0.04	0.03	0.08	
8	0.07	0.08	0.11	0.11	0.04	0.05	0.16	
9	0.07	0.09	0.08	0.05	0.05	0.07	0.11	
10	0.08	0.09	0.08	0.07	0.05	0.03	0.09	
11	0.03	0.03	0.01	0.01	0.01	0.01	0.03	
12	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
13	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
14	0.01	0.01	0.01	0.01	0.01	0.07	0.09	
15	0.09	0.09	0.08	0.08	0.07	0.07	0.09	
16	0.09	0.11	0.08	0.08	0.07	0.08	0.15	
17	0.09	0.11	0.08	0.08	0.07	0.08	0.11	
18	0.12	0.12	0.09	0.08	0.07	0.08	0.12	
19	0.12	0.14	0.09	0.07	0.07	0.07	0.15	
20	0.11	0.14	0.1	0.08	0.07	0.07	0.14	
21	0.09	0.11	0.09	0.08	0.07	0.08	0.11	
22	0.09	0.11	0.09	0.08	0.08	0.07	0.11	
23	0.09	0.11	0.09	0.08	0.07	0.08	0.11	
24	0.11	0.1	0.09	0.07	0.07	0.07	0.11	
25	0.11	0.12	0.09	0.08	0.07	0.08	0.12	
26	0.12	0.15	0.09	0.08	0.07	0.08	0.15	
27	0.11	0.14	0.09	0.07	0.05	0.07	0.14	
28	0.12	0.15	0.08	0.05	0.08	0.09	0.20	
29	0.2	0.26	0.14	0.09	0.08	0.09	0.26	
30	0.23	0.17	0.09	0.08	0.07	0.09	0.23	
31								

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? 2	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	PRINTED NAME: Troy Van Roekel		
	SIGNATURE: 		DATE:
	PHONE #: 503-809-1349		T-9282 D-3805

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	0.83	201	166.8	13.22	7.43	35.3	YES	165
2	0.85	201	170.9	13.83	7.43	34.0	YES	160
3	0.86	201	172.9	14.06	7.45	33.7	YES	163
4	0.81	201	162.8	14.11	7.45	33.4	YES	159
5	0.78	201	156.8	14.00	7.44	33.4	YES	157
6	0.78	201	156.8	13.83	7.46	34.1	YES	169
7	0.81	201	162.8	14.06	7.45	33.5	YES	177
8	0.86	201	172.9	14.44	7.45	32.9	YES	180
9	0.90	201	180.9	15.28	7.51	31.9	YES	190
10	0.87	201	174.9	15.50	7.55	31.8	YES	189
11	0.84	201	168.8	15.00	7.61	33.5	YES	153
12	0.84	201	168.8	15.50	7.6	32.3	YES	154
13	0.83	201	166.8	14.83	7.58	33.5	YES	165
14	0.84	201	168.8	14.89	7.51	32.6	YES	191
15	0.84	201	168.8	14.94	7.52	32.6	YES	184
16	0.83	201	166.8	13.78	7.49	34.8	YES	191
17	0.85	201	170.9	13.83	7.5	34.8	YES	186
18	0.83	201	166.8	13.67	7.5	35.1	YES	187
19	0.82	201	164.8	13.67	7.5	35.1	YES	183
20	0.83	201	166.8	14.06	7.49	34.1	YES	201
21	0.85	201	170.9	14.89	7.51	32.6	YES	202
22	0.81	201	162.8	15.67	7.47	30.3	YES	198
23	0.81	201	162.8	15.94	7.47	29.8	YES	196
24	0.81	201	162.8	16.17	7.49	29.6	YES	183
25	0.80	201	160.8	15.56	7.51	31.0	YES	192
26	0.79	201	158.8	15.72	7.55	31.1	YES	191
27	0.79	201	158.8	16.06	7.53	30.2	YES	200
28	0.81	201	162.8	15.89	7.58	31.1	YES	191
29	0.79	201	158.8	15.83	7.53	30.6	YES	201
30	0.81	201	162.8	16.44	7.58	30.0	YES	199
31								

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