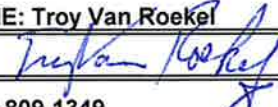


**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Washington**  
 Month/Year: **October/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	0.07	0.07	0.07	0.05	0.05	0.05	0.09
2	0.07	0.07	0.07	0.05	0.05	0.07	0.07
3	0.08	0.08	0.07	0.07	0.07	0.04	0.08
4	0.05	0.07	0.04	0.04	0.04	0.04	0.08
5	0.03	0.03	0.03	0.01	0.01	0.01	0.04
6	0.03	0.04	0.03	0.03	0.03	0.03	0.04
7	0.03	0.04	0.04	0.03	0.03	0.03	0.05
8	0.04	0.05	0.04	0.03	0.03	0.03	0.06
9	0.04	0.05	0.04	0.03	0.03	0.03	0.05
10	0.04	0.05	0.03	0.03	0.03	0.01	0.05
11	0.03	0.05	0.03	0.03	0.03	0.05	0.06
12	0.07	0.08	0.07	0.05	0.05	0.05	0.08
13	0.07	0.09	0.07	0.05	0.05	0.05	0.09
14	0.07	0.09	0.07	0.07	0.07	0.07	0.09
15	0.07	0.08	0.07	0.07	0.07	0.05	0.08
16	0.07	0.08	0.07	0.07	0.05	0.05	0.08
17	0.07	0.08	0.07	0.07	0.05	0.05	0.08
18	0.07	0.07	0.07	0.05	0.05	0.05	0.08
19	0.05	0.05	0.05	0.05	0.05	0.05	0.07
20	0.07	0.07	0.07	0.05	0.05	0.05	0.08
21	0.07	0.07	0.07	0.05	0.07	0.05	0.07
22	0.05	0.07	0.07	0.05	0.05	0.05	0.09
23	0.05	0.07	0.05	0.05	0.05	0.04	0.07
24	0.05	0.07	0.05	0.05	0.04	0.04	0.08
25	0.05	0.05	0.05	0.04	0.04	0.04	0.07
26	0.05	0.05	0.05	0.05	0.05	0.05	0.06
27	0.05	0.05	0.05	0.05	0.05	0.05	0.06
28	0.05	0.05	0.05	0.05	0.05	0.05	0.06
29	0.05	0.07	0.05	0.05	0.05	0.05	0.07
30	0.05	0.05	0.05	0.05	0.05	0.04	0.07
31	0.05	0.05	0.04	0.04	0.04	0.04	0.05

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
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	<b>Notes:</b>		
PRINTED NAME: <b>Troy Van Roekel</b>		DATE: <b>11-4-2024</b>	
SIGNATURE: 		T-9282 D-3805	
PHONE #: <b>503-809-1349</b>			

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 <sub>2</sub> 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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	0.84	201	168.8	13.61	7.34	33.3	YES	137
2	0.85	201	170.9	13.44	7.35	33.8	YES	126
3	0.85	201	170.9	13.11	7.46	36.0	YES	101
4	0.84	201	168.8	12.78	7.41	36.1	YES	120
5	0.85	201	170.9	12.78	7.43	36.4	YES	122
6	0.81	201	162.8	12.72	7.41	36.1	YES	120
7	0.81	201	162.8	12.89	7.42	35.8	YES	122
8	0.83	201	166.8	13.67	7.41	34.0	YES	132
9	0.83	201	166.8	13.89	7.42	33.6	YES	136
10	0.86	201	172.9	13.22	7.42	35.3	YES	119
11	0.86	201	172.9	13.39	7.47	35.5	YES	137
12	0.89	201	178.9	13.28	7.48	36.0	YES	131
13	0.87	201	174.9	13.22	7.49	36.2	YES	125
14	0.87	201	174.9	13.78	7.49	34.9	YES	131
15	0.88	201	176.9	14.28	7.49	33.8	YES	125
16	0.87	201	174.9	13.89	7.49	34.7	YES	127
17	0.87	201	174.9	12.78	7.49	37.3	YES	122
18	0.83	201	166.8	12.17	7.51	39.0	YES	127
19	0.83	201	166.8	12.89	7.51	37.1	YES	122
20	0.83	201	166.8	13.06	7.49	36.5	YES	114
21	0.83	201	166.8	13.00	7.48	36.5	YES	140
22	0.84	201	168.8	11.94	7.46	38.9	YES	108
23	0.89	201	178.9	11.28	7.45	40.7	YES	132
24	0.92	201	184.9	10.89	7.46	42.1	YES	110
25	0.88	201	176.9	10.78	7.46	42.2	YES	109
26	0.86	201	172.9	11.61	7.44	39.5	YES	106
27	0.84	201	168.8	12.17	7.45	38.2	YES	108
28	0.75	201	150.8	11.72	7.46	39.1	YES	145
29	0.70	201	140.7	11.28	7.45	39.8	YES	108
30	0.69	201	138.7	10.67	7.46	41.6	YES	107
31	0.70	201	140.7	10.39	7.46	42.4	YES	105

3 If Cl<sub>2</sub> 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