

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

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

System Name: <b>Banks Water Department</b>		ID#: <b>41 00076</b>		WTP : <b>TP - A</b>			
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	0.04	0.04	0.05	0.04	0.04	0.04	0.06
2	0.04	0.04	0.04	0.04	0.04	0.04	0.05
3	0.04	0.04	0.04	0.04	0.04	0.04	0.08
4	0.04	0.04	0.04	0.04	0.04	0.04	0.05
5	0.04	0.04	0.04	0.04	0.04	0.04	0.04
6	0.04	0.04	0.04	0.04	0.04	0.04	0.05
7	0.04	0.04	0.05	0.04	0.04	0.04	0.05
8	0.04	0.04	0.04	0.04	0.04	0.04	0.05
9	0.05	0.05	0.05	0.05	0.05	0.05	0.07
10	0.05	0.05	0.05	0.05	0.05	0.05	0.05
11	0.05	0.05	0.05	0.05	0.05	0.05	0.08
12	0.05	0.05	0.05	0.05	0.05	0.05	0.07
13	0.05	0.05	0.05	0.05	0.05	0.05	0.05
14	0.05	0.05	0.05	0.05	0.05	0.05	0.11
15	0.05	0.05	0.05	0.07	0.05	0.05	0.07
16	0.05	0.07	0.05	0.05	0.05	0.05	0.07
17	0.05	0.05	0.05	0.05	0.05	0.05	0.07
18	0.05	0.05	0.07	0.07	0.08	0.11	0.24
19	0.24	0.32	0.36	0.38	0.39	0.3	0.4
20	0.27	0.24	0.23	0.21	0.2	0.19	0.27
21	0.19	0.17	0.16	0.15	0.13	0.13	0.19
22	0.12	0.12	0.11	0.11	0.11	0.11	0.16
23	0.09	0.09	0.09	0.09	0.09	0.09	0.12
24	0.09	0.09	0.09	0.09	0.09	0.09	0.09
25	0.09	0.09	0.09	0.09	0.09	0.08	0.09
26	0.08	0.08	0.08	0.08	0.09	0.09	0.12
27	0.12	0.16	0.2	0.26	0.31	0.36	0.39
28	0.39	0.4	0.4	0.4	0.4	0.4	0.42
29	0.39	0.38	0.34	0.31	0.3	0.28	0.42
30	0.27	0.26	0.23	0.21	0.21	0.19	0.27
31	0.19	0.17	0.16	0.16	0.16	0.15	0.19

<p><b>Slow Sand/Membrane/DE Filtration/Unfiltered</b></p> <p>95% of daily turbidity readings ≤ 1 NTU? 2      <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>All daily turbidity readings ≤ 5 NTU?      <input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p align="center"><b>Monthly Summary (Answer Yes or No)</b></p> <p>CT's met everyday? (see back)      <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l?      <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>Notes:</b></p>	<p>PRINTED NAME: <b>Troy Van Roekel</b></p> <p>SIGNATURE: <i>Troy Van Roekel</i></p> <p>PHONE #: <b>503-809-1349</b></p>
	<p>DATE: <b>1-2-2025</b></p> <p><b>T-9282 D-3805</b></p>

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	1.08	201	217.1	6.94	7.34	53.2	YES	100
2	1.09	201	219.1	6.28	7.35	55.9	YES	97
3	1.12	201	225.1	6.00	7.37	57.5	YES	98
4	1.13	201	227.1	5.89	7.37	58.0	YES	98
5	1.14	201	229.1	5.78	7.38	58.7	YES	103
6	1.16	201	233.2	5.89	7.4	58.8	YES	104
7	1.17	201	235.2	6.50	7.38	56.2	YES	105
8	1.15	201	231.2	6.89	7.38	54.6	YES	105
9	1.11	201	223.1	7.22	7.38	53.2	YES	104
10	1.07	201	215.1	6.67	7.37	54.7	YES	104
11	1.05	201	211.1	6.44	7.38	55.6	YES	102
12	1.03	201	207.0	6.72	7.4	54.9	YES	97
13	1.01	201	203.0	6.94	7.4	54.0	YES	100
14	0.95	201	191.0	7.50	7.39	51.5	YES	105
15	0.89	201	178.9	7.50	7.4	51.3	YES	105
16	0.86	201	172.9	7.67	7.4	50.6	YES	99
17	0.84	201	168.8	8.28	7.31	46.9	YES	83
18	0.81	201	162.8	8.72	7.39	46.7	YES	65
19	0.74	201	148.7	9.22	7.37	44.5	YES	90
20	0.73	201	146.7	9.44	7.35	43.5	YES	111
21	0.76	201	152.8	9.50	7.32	43.0	YES	111
22	0.81	201	162.8	9.33	7.31	43.6	YES	111
23	0.85	201	170.9	9.61	7.31	43.0	YES	104
24	0.87	201	174.9	9.33	7.31	43.9	YES	103
25	0.86	201	172.9	8.61	7.31	46.0	YES	102
26	0.85	201	170.9	9.00	7.34	45.3	YES	106
27	0.77	201	154.8	9.11	7.37	45.0	YES	101
28	0.75	201	150.8	9.28	7.36	44.2	YES	108
29	0.74	201	148.7	9.11	7.32	44.0	YES	102
30	0.77	201	154.8	8.61	7.31	45.5	YES	98
31	0.78	201	156.8	8.33	7.24	45.2	YES	96

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