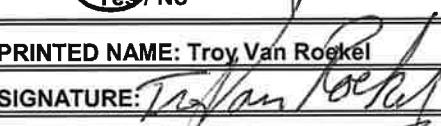


**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County:	Washington
Month/Year:	July/2025

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	0.11	0.11	0.11	0.11	0.11	0.11	0.11	
2	0.11	0.11	0.11	0.11	0.2	0.05	0.11	
3	0.05	0.05	0.05	0.05	0.04	0.05	0.07	
4	0.05	0.05	0.05	0.05	0.04	0.04	0.05	
5	0.05	0.05	0.05	0.04	0.04	0.04	0.07	
6	0.06	0.05	0.05	0.05	0.05	0.05	0.07	
7	0.05	0.07	0.07	0.05	0.05	0.05	0.07	
8	0.07	0.07	0.07	0.05	0.07	0.05	0.11	
9	0.07	0.07	0.07	0.08	0.05	0.05	0.12	
10	0.07	0.07	0.07	0.06	0.05	0.05	0.08	
11	0.07	0.07	0.05	0.05	0.05	0.05	0.07	
12	0.05	0.07	0.07	0.05	0.05	0.05	0.07	
13	0.07	0.07	0.07	0.05	0.05	0.05	0.07	
14	0.07	0.07	0.07	0.05	0.05	0.05	0.07	
15	0.07	0.27	0.07	0.05	0.05	0.05	0.27	
16	0.05	0.07	0.07	0.05	0.05	0.05	0.11	
17	0.07	0.07	0.07	0.07	0.05	0.04	0.07	
18	0.05	0.07	0.07	0.06	0.05	0.05	0.07	
19	0.05	0.07	0.05	0.05	0.05	0.04	0.07	
20	0.05	0.07	0.05	0.05	0.04	0.04	0.08	
21	0.05	0.05	0.05	0.05	0.04	0.04	0.09	
22	0.05	0.1	0.08	0.08	0.05	0.05	0.2	
23	0.05	0.08	0.08	0.08	0.07	0.05	0.09	
24	0.08	0.08	0.09	0.08	0.1	0.08	0.12	
25	0.1	0.14	0.11	0.1	0.11	0.11	0.14	
26	0.1	0.12	0.11	0.11	0.1	0.1	0.15	
27	0.1	0.18	0.14	0.1	0.08	0.08	0.18	
28	0.09	0.12	0.16	0.12	0.08	0.11	0.21	
29	0.09	0.12	0.16	0.08	0.08	0.11	0.23	
30	0.12	0.14	0.11	0.15	0.1	0.09	0.22	
31	0.11	0.12	0.1	0.1	0.1	0.1	0.17	
<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>					<b>Monthly Summary (Answer Yes or No)</b>			
95% of daily turbidity readings ≤ 1 NTU? 2			<input checked="" type="radio"/> Yes / <input type="radio"/> No		CT's met everyday? (see back)		All Cl <sub>2</sub> 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:  PHONE #: 503-809-1349			
					DATE: 8-1-25		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	0.52	201	104.5	17.28	7.45	26.2	YES	98
2	0.51	201	102.5	16.89	7.37	26.0	YES	101
3	0.55	201	110.6	16.50	7.35	26.7	YES	149
4	0.59	201	118.6	16.50	7.35	26.8	YES	161
5	0.59	201	118.6	16.17	7.35	27.4	YES	157
6	0.60	201	120.6	16.28	7.35	27.2	YES	161
7	0.60	201	120.6	16.56	7.37	26.9	YES	168
8	0.60	201	120.6	17.00	7.4	26.4	YES	157
9	0.59	201	118.6	17.39	7.4	25.7	YES	165
10	0.59	201	118.6	17.61	7.42	25.5	YES	159
11	0.58	201	116.6	17.61	7.43	25.6	YES	164
12	0.58	201	116.6	17.83	7.45	25.4	YES	165
13	0.57	201	114.6	18.28	7.44	24.5	YES	160
14	0.56	201	112.6	18.33	7.46	24.6	YES	164
15	0.56	201	112.6	17.94	7.49	25.5	YES	166
16	0.55	201	110.6	18.39	7.49	24.7	YES	166
17	0.54	201	108.5	18.17	7.49	25.1	YES	156
18	0.54	201	108.5	18.11	7.51	25.4	YES	165
19	0.55	201	110.6	17.61	7.51	26.3	YES	169
20	0.55	201	110.6	17.61	7.51	26.3	YES	161
21	0.56	201	112.6	17.61	7.55	26.7	YES	171
22	0.55	201	110.6	17.33	7.53	27.0	YES	178
23	0.53	201	106.5	17.39	7.49	26.4	YES	109
24	0.52	201	104.5	17.33	7.49	26.5	YES	122
25	0.54	201	108.5	17.28	7.47	26.4	YES	156
26	0.59	201	118.6	17.22	7.47	26.7	YES	154
27	0.64	201	128.6	17.00	7.45	27.0	YES	150
28	0.65	201	130.7	16.72	7.46	27.7	YES	158
29	0.65	201	130.7	17.00	7.46	27.2	YES	163
30	0.62	201	124.6	17.50	7.49	26.5	YES	153
31	0.60	201	120.6	17.89	7.49	25.7	YES	148

3 If Cl2 at entry point &lt; 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.dmc@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350