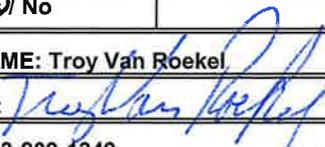


**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Washington**  
 Month/Year: **December/2025**

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	0.01	0.01	0.01	0.01	0.01	0.01	0.01
2	0.01	0.01	0.01	0.01	0.01	0.01	0.01
3	0.01	0.01	0.01	0.01	0.01	0.01	0.01
4	0.01	0.01	0.01	0.01	0.01	0.01	0.01
5	0.01	0.01	0.01	0.01	0.01	0.01	0.01
6	0.01	0.01	0.01	0.01	0.01	0.01	0.13
7	0.01	0.01	0.01	0.01	0.01	0.01	0.01
8	0.01	0.01	0.01	0.01	0.01	0.01	0.01
9	0.01	0.01	0.01	0.01	0.01	0.01	0.01
10	0.01	0.01	0.03	0.03	0.04	0.04	0.05
11	0.04	0.04	0.04	0.04	0.03	0.03	0.05
12	0.03	0.03	0.03	0.03	0.03	0.01	0.05
13	0.01	0.01	0.01	0.01	0.01	0.01	0.04
14	0.01	0.01	0.01	0.01	0.01	0.01	0.07
15	0.01	0.01	0.01	0.01	0.01	0.01	0.03
16	0.01	0.01	0.01	0.01	0.01	0.01	0.01
17	0.01	0.01	0.01	0.01	0.01	0.01	0.02
18	0.01	0.01	0.01	0.03	0.01	0.01	0.03
19	0.01	0.01	0.01	0.01	0.01	0.03	0.09
20	0.05	0.07	0.07	0.07	0.07	0.07	0.11
21	0.07	0.07	0.05	0.05	0.04	0.04	0.07
22	0.04	0.04	0.03	0.03	0.03	0.03	0.05
23	0.03	0.03	0.01	0.01	0.01	0.01	0.04
24	0.01	0.01	0.01	0.01	0.01	0.01	0.02
25	0.01	0.01	0.01	0.01	0.01	0.01	0.03
26	0.01	0.01	0.01	0.01	0.01	0.01	0.01
27	0.01	0.01	0.01	0.01	0.01	0.01	0.01
28	0.01	0.01	0.01	0.01	0.01	0.01	0.01
29	0.01	0.01	0.01	0.01	0.01	0.01	0.01
30	0.01	0.01	0.01	0.01	0.01	0.01	0.01
31	0.01	0.01	0.01	0.01	0.01	0.01	0.01

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> 95% of daily turbidity readings ≤ 1 NTU? 2 <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>Monthly Summary (Answer Yes or No)</b> 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	
<b>Notes:</b>		PRINTED NAME: Troy Van Roekel SIGNATURE:  PHONE #: 503-809-1349 DATE: 1-2-26 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	0.73	201	146.7	8.56	7.27	44.8	YES	100
2	0.81	201	162.8	8.83	7.27	44.4	YES	101
3	0.86	201	172.9	8.78	7.27	44.8	YES	101
4	0.88	201	176.9	8.56	7.28	45.7	YES	102
5	0.90	201	180.9	9.22	7.28	43.9	YES	102
6	0.91	201	182.9	9.44	7.29	43.5	YES	99
7	0.91	201	182.9	9.83	7.29	42.3	YES	99
8	0.89	201	178.9	10.39	7.29	40.7	YES	102
9	0.85	201	170.9	10.39	7.31	40.8	YES	106
10	0.70	201	140.7	10.89	7.31	38.8	YES	98
11	0.65	201	130.7	11.39	7.27	36.8	YES	98
12	0.65	201	130.7	11.50	7.25	36.3	YES	100
13	0.68	201	136.7	11.28	7.23	36.6	YES	100
14	0.76	201	152.8	10.78	7.23	38.2	YES	100
15	0.88	201	176.9	11.00	7.24	38.3	YES	103
16	0.90	201	180.9	11.22	7.25	38.0	YES	98
17	0.88	201	176.9	10.72	7.26	39.3	YES	98
18	0.85	201	170.9	9.44	7.27	42.8	YES	97
19	0.82	201	164.8	9.44	7.31	43.3	YES	100
20	0.71	201	142.7	9.17	7.31	43.6	YES	97
21	0.71	201	142.7	8.94	7.27	43.6	YES	98
22	0.73	201	146.7	8.94	7.25	43.4	YES	100
23	0.79	201	158.8	8.94	7.24	43.5	YES	98
24	0.87	201	174.9	8.94	7.23	43.7	YES	102
25	0.92	201	184.9	8.78	7.25	44.8	YES	99
26	0.93	201	186.9	8.44	7.25	45.8	YES	105
27	0.97	201	195.0	8.06	7.27	47.6	YES	101
28	0.98	201	197.0	7.56	7.28	49.4	YES	106
29	0.99	201	199.0	7.17	7.29	50.9	YES	101
30	0.98	201	197.0	6.89	7.32	52.4	YES	93
31	1.01	201	203.0	6.56	7.31	53.5	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