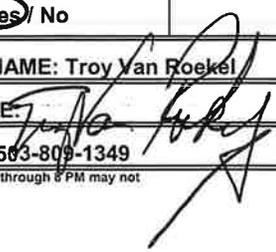


**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Washington**  
 Month/Year: **January/2026**

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	0.01	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	0.05
3	0.01	0.01	0.01	0.01	0.01	0.01	0.02
4	0.01	0.01	0.01	0.01	0.01	0.01	0.03
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	0.01
7	0.01	0.01	0.01	0.01	0.01	0.01	0.03
8	0.01	0.01	0.01	0.01	0.01	0.01	0.04
9	0.01	0.03	0.03	0.01	0.03	0.03	0.03
10	0.03	0.03	0.03	0.03	0.03	0.03	0.05
11	0.03	0.03	0.03	0.03	0.03	0.03	0.07
12	0.03	0.03	0.03	0.03	0.03	0.03	0.04
13	0.03	0.03	0.03	0.03	0.03	0.03	0.04
14	0.03	0.03	0.03	0.03	0.03	0.03	0.05
15	0.03	0.03	0.03	0.03	0.03	0.11	0.13
16	0.08	0.08	0.08	0.08	0.08	0.08	0.09
17	0.08	0.08	0.07	0.08	0.08	0.08	0.09
18	0.08	0.08	0.08	0.08	0.08	0.07	0.1
19	0.07	0.07	0.07	0.07	0.07	0.07	0.08
20	0.07	0.08	0.07	0.07	0.07	0.05	0.19
21	0.05	0.04	0.05	0.05	0.04	0.05	0.07
22	0.05	0.05	0.05	0.05	0.05	0.05	0.05
23	0.05	0.05	0.05	0.05	0.05	0.05	0.07
24	0.05	0.05	0.05	0.05	0.05	0.05	0.07
25	0.05	0.05	0.05	0.05	0.05	0.05	0.05
26	0.05	0.05	0.05	0.04	0.04	0.04	0.05
27	0.04	0.04	0.03	0.04	0.03	0.04	0.05
28	0.04	0.04	0.04	0.05	0.04	0.04	0.05
29	0.04	0.05	0.05	0.05	0.05	0.05	0.08
30	0.05	0.05	0.07	0.05	0.05	0.05	0.07
31	0.05	0.07	0.05	0.04	0.05	0.05	0.07

<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 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: 2-2-2026
	PHONE #: 563-809-1349		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	1.04	201	209.0	6.89	7.32	52.8	YES	95
2	1.03	201	207.0	7.28	7.37	52.3	YES	97
3	1.07	201	215.1	7.83	7.4	51.2	YES	100
4	1.07	201	215.1	8.00	7.38	50.3	YES	99
5	1.01	201	203.0	7.94	7.4	50.5	YES	103
6	0.96	201	193.0	7.61	7.38	51.0	YES	99
7	0.93	201	186.9	7.28	7.41	52.5	YES	96
8	0.88	201	176.9	7.17	7.42	52.8	YES	91
9	0.82	201	164.8	7.39	7.42	51.7	YES	96
10	0.82	201	164.8	7.50	7.42	51.3	YES	97
11	0.82	201	164.8	7.83	7.38	49.5	YES	96
12	0.81	201	162.8	8.17	7.37	48.1	YES	100
13	0.79	201	158.8	7.89	7.32	48.0	YES	40
14	0.78	201	156.8	7.94	7.37	48.7	YES	75
15	0.78	201	156.8	7.83	7.42	50.0	YES	117
16	0.81	201	162.8	7.89	7.43	50.1	YES	118
17	0.83	201	166.8	7.61	7.43	51.2	YES	123
18	0.83	201	166.8	7.06	7.43	53.1	YES	122
19	0.85	201	170.9	6.78	7.43	54.2	YES	122
20	0.85	201	170.9	6.39	7.43	55.6	YES	120
21	0.84	201	168.8	5.89	7.45	57.8	YES	122
22	0.84	201	168.8	5.72	7.46	58.7	YES	124
23	0.86	201	172.9	5.67	7.46	59.0	YES	119
24	0.85	201	170.9	4.89	7.46	62.0	YES	119
25	0.86	201	172.9	4.83	7.48	62.8	YES	120
26	0.86	201	172.9	5.17	7.46	61.0	YES	119
27	0.85	201	170.9	5.78	7.46	58.5	YES	110
28	0.85	201	170.9	6.28	7.46	56.6	YES	113
29	0.87	201	174.9	7.17	7.43	52.9	YES	106
30	0.81	201	162.8	7.72	7.42	50.5	YES	106
31	0.81	201	162.8	8.11	7.43	49.4	YES	109

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